

Name
in
Full

CERTIFICATE OF DEATH

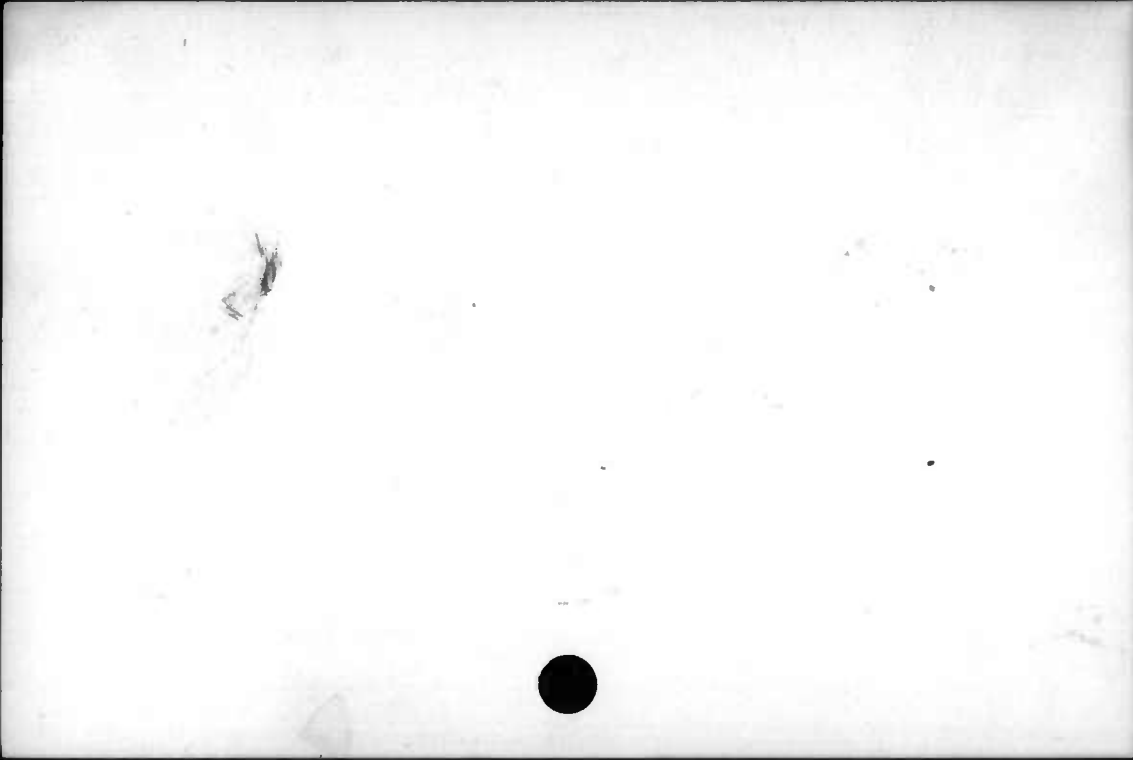
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Pondsville</i>		County <i>Washington</i>		MARYLAND	
Date of death 190		3	Month <i>Sep.</i>	Day <i>12</i>	Age <i>5-9</i>	Years <i>5</i>	Months <i>12</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Font Gormer</i>					
Name of Wife <i>Sarah E Reynolds</i>							
Father's Name <i>Joseph Alsip</i>				Father's Birthplace <i>md.</i>			
Mother's Maiden Name <i>Elizabeth Gormer</i>				Mother's Birthplace <i>md.</i>			
Name of person giving information <i>Mrs Sarah Alsip</i>				How related to deceased <i>wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Gastritis</i>	How long <i>18 mos -</i>
Immediate <i>Acute indigestion heart failure.</i>	How long <i>2 or 3 hours -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John M. Steele</i>
	Address <i>Smithsburg md.</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

Cornelius Artz.

CERTIFICATE OF DEATH

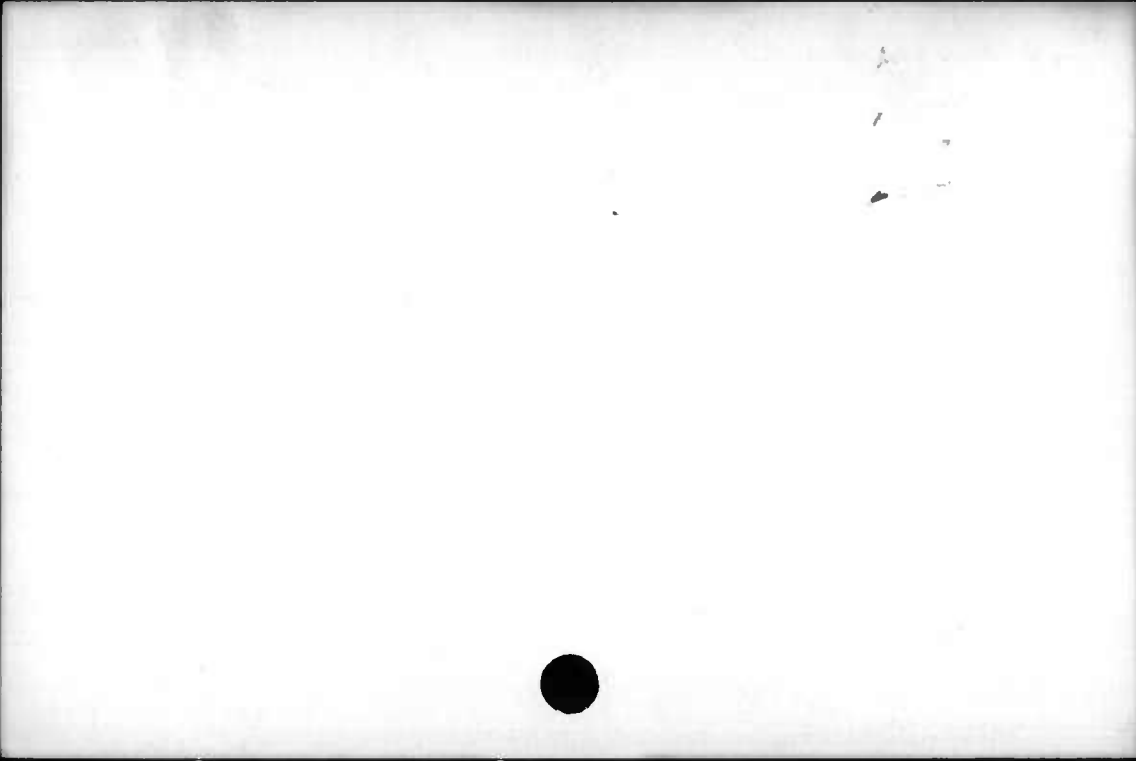
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Exerstown</i>		^{County} <i>Washington</i>		MARYLAND	
Date of death	1903	Month	<i>Sept</i>	Day	<i>21</i>
Age	<i>81</i>	Years	<i>7</i>	Months	<i>—</i>
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Md.</i>
Occupation	<i>Retired Merchant</i>		Where Residing if not at place of death <i>Hagerstown, Md.</i>		
Married, Single or Widowed	<i>widower</i>	Name of Wife or Husband	<i>Mary Artz</i>		
Father's Name	<i>David Artz</i>		Father's Birthplace	<i>Md.</i>	
Mother's Maiden Name	<i>Catherine Hammer</i>		Mother's Birthplace	<i>"</i>	
Name of person giving Information	<i>John C. Artz</i>		How related to deceased	<i>Son.</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dimity</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. P. Stuyvesant</i>	
	Address <i>Hagerstown, Md.</i>	
Accident or Suicide?		



Name
in
Full

Wanda May Brining

CERTIFICATE OF DEATH

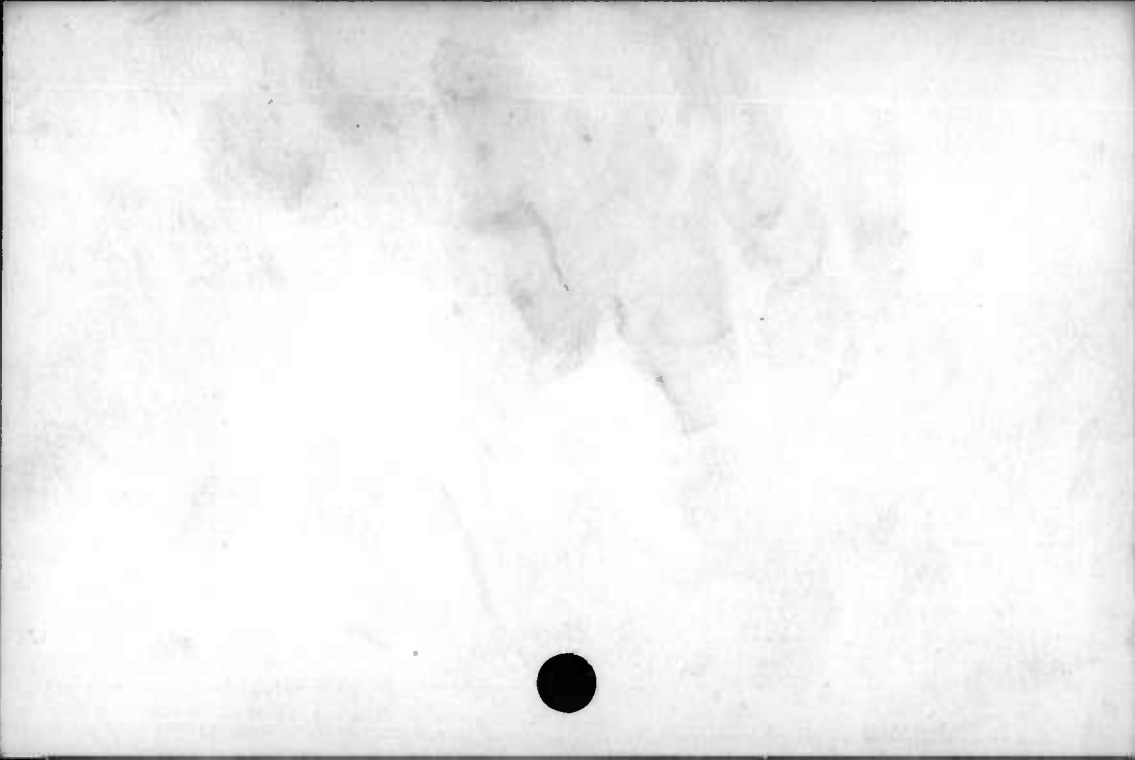
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bagtown</i> ^{Town}		<i>Wash</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Sept</i> ^{Month}	<i>23</i> ^{Day}	Age <i>13</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Benevola</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm. Brining</i>			Father's Birthplace <i>4</i>		
Mother's Maiden Name <i>Ratie Rudy</i>			Mother's Birthplace		
Name of person giving information <i>Mother</i>			How related to deceased		

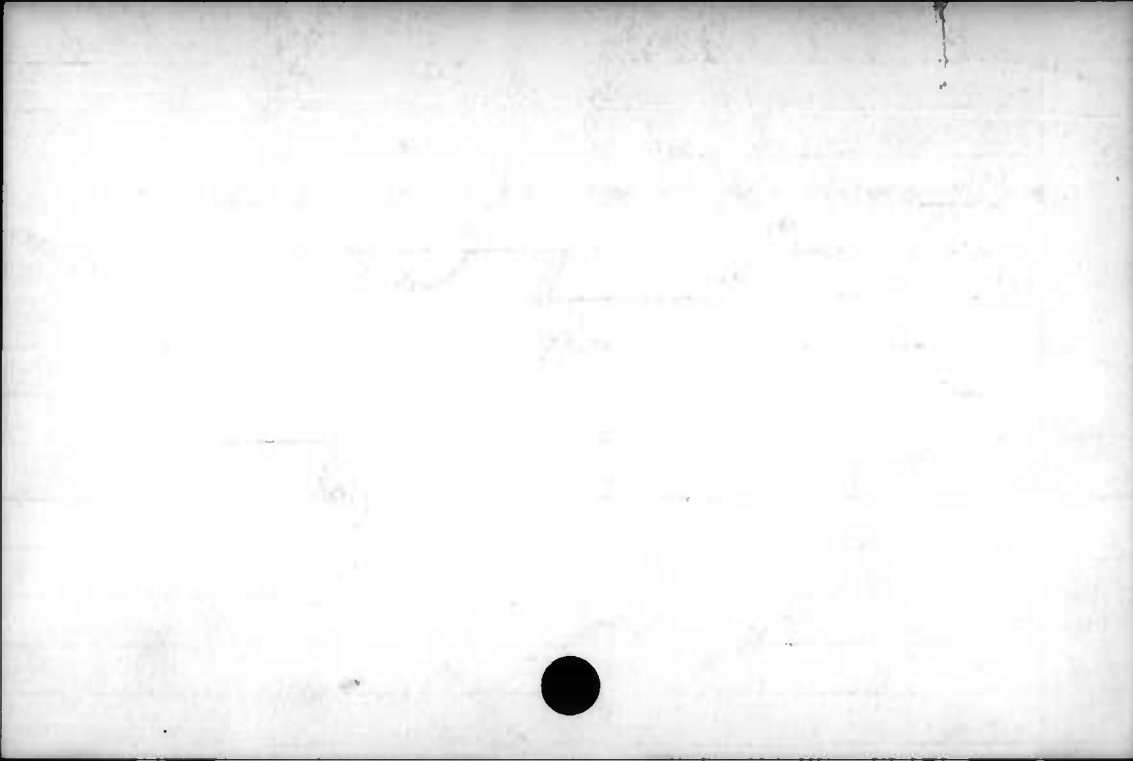
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malaria</i>	How long <i>2 weeks</i>
Immediate <i>Heart Failure</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. I. Davis</i>
	Address <i>Boonshott</i>
Accident or Suicide?	



Name in Full		Goldie Brown				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Age	Years	Months
		Sex		Color or Race		Birth-place		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Father's Birthplace				
Mother's Maiden Name		Mother's Birthplace						
Name of person giving Information		How related to deceased						
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		How long				
		Immediate		How long				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
				Address				
Accident or Suicide?								



Miranda Evaline Brown

Died at ^{Town} Eatles Mill ^{County} Washington

MARYLAND

Date 1903 9 24 Age 9.10.20 Native of Ind Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widow~~ ~~Number of children living~~

Husband of

Wife

Father's Name John R BrownMother's Maiden Name Mary CalamanCause of Primary How long sickDeath Immediate Struck by EngineAccident, ~~Suicide, Homicide~~Reported by W. M. AhisenAddress Keedyville Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Nettie Blanche Bliss*

Town *Brownsville* County *Washington* MARYLAND

Died at *Brownsville*

Date of death *1903* Month *9* Day *28* Age *1* Years Months *2* Days

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Widow* Where Residing if not at place of death *"*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Albertus Bliss*

Father's Name *Albertus Bliss* Father's Birthplace *Mob*

Mother's Maiden Name *Sarah Olden* Mother's Birthplace *Mob*

Name of person giving Information *Sarah Olden* How related to deceased *Grandmother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Constitution of Brain* How long *10 hours*

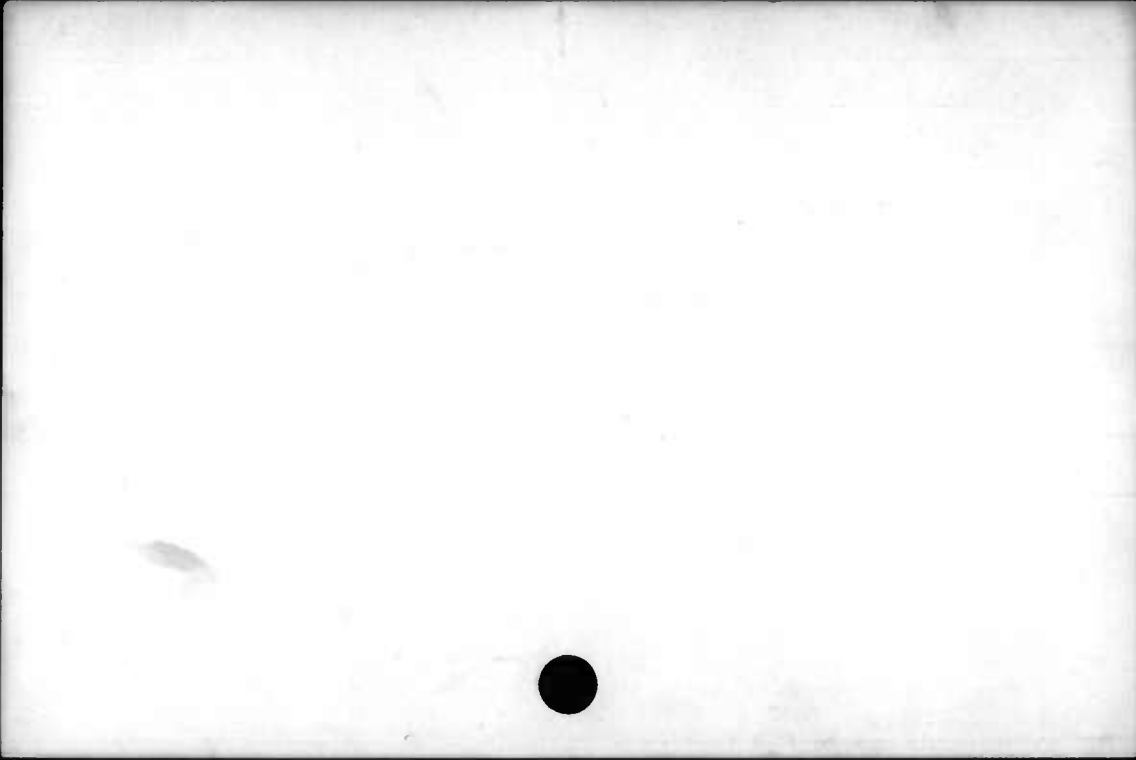
Immediate *"* How long *"*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. T. Joubert M.D.*

Address *Brownsville Mob*

Accident or Suicide? *No*



Name
in
Full

William C. Cooper

CERTIFICATE OF DEATH

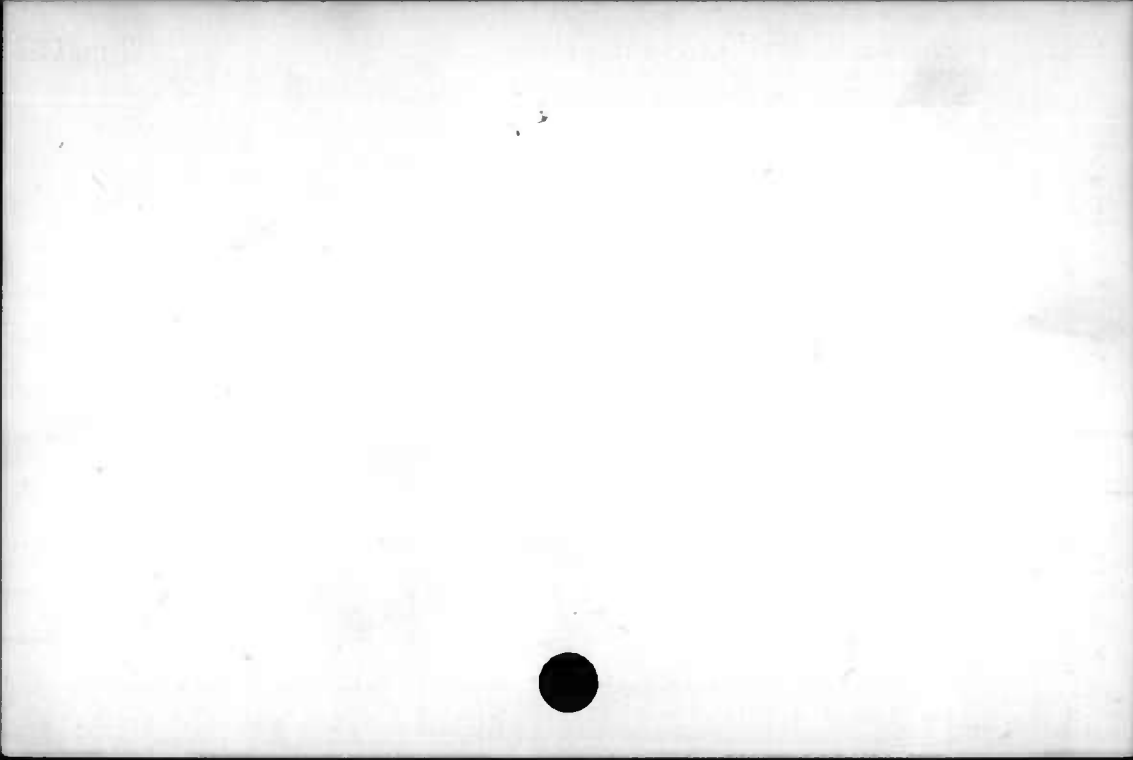
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death	1903	Month Sept	Day 14	Age Years	—	Months 3	Days —
Sex	male		Color or Race	white		Birth- place	Md.
Occupation	child			Where Residing if not at place of death Hagerstown			
Married, Single or Widowed	single		Name of Wife or Husband —				
Father's Name	Conley G. Cooper				Father's Birthplace	Va	
Mother's Maiden Name	Carrie Ashby				Mother's Birthplace	"	
Name of person giving Information	C. G. Cooper				How related to deceased	father.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Morsemus	How long	2 mo.
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Clara E. Ashby M.D.	
Address		28 W. Franklin St	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *William E. Cooper* Town *Bagerstown* County *Washington* MARYLAND

Died at *Bagerstown*

Date of death *1903* Month *4* Day *14* Age *8* Years Months *3* Days *9*

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Child* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Lowell S. Cooper* Father's Birthplace *Va*

Mother's Maiden Name *Lavinia Ashby* Mother's Birthplace *Va*

Name of person giving information *Lowell S. Cooper* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Marasmus* How long *2 mos.*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

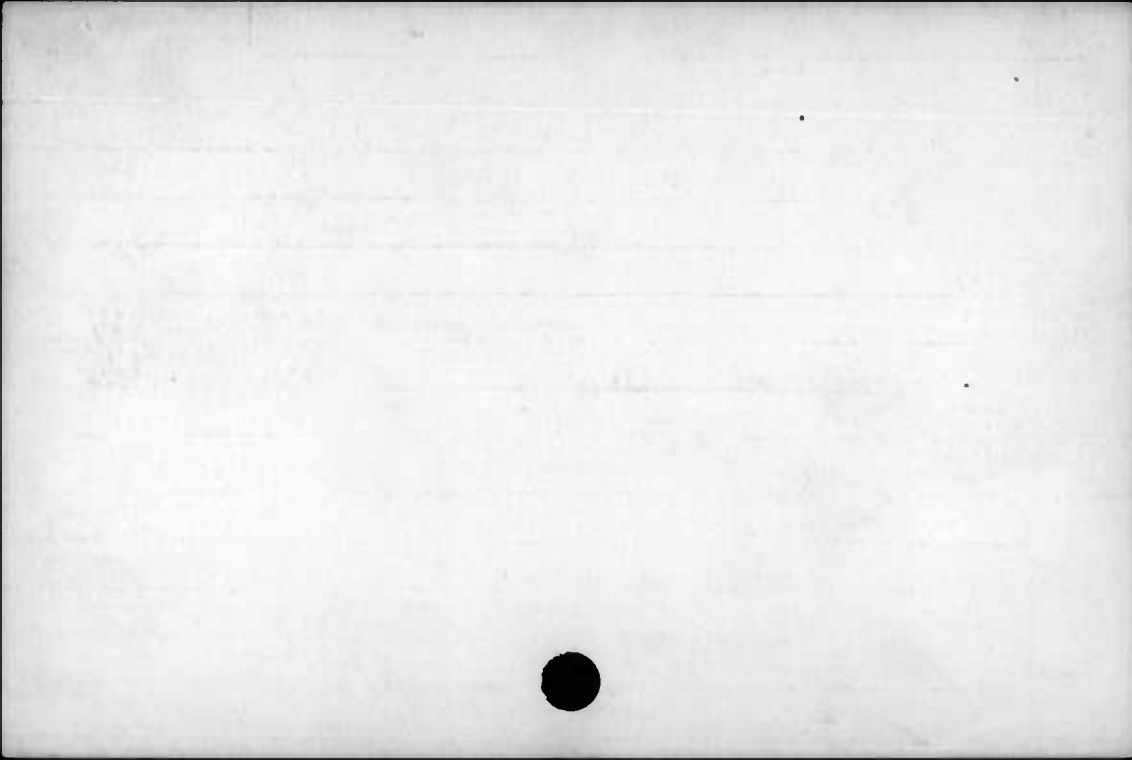
Accident or Suicide?

No.

Sign'd Clara E. Isley M.D.

Bagerstown

Ind



Name in Full

Certificate of Death

John F. Cross

Town

County

MARYLAND

Died at Beaver Creek

Wash

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Sept- 18

Age

63-7-24

Wash Co

Laborer

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widow

Number of children living

9

Husband

of

Eliz. Moab

Father's

Name

Geo. W. Cross

Mother

Maiden Name

Matilda

Cause of

Primary

Heart-lesion

How long sick

Sudden death-

Death

Immediate

Accident, Suicide, Homicide

Reported by

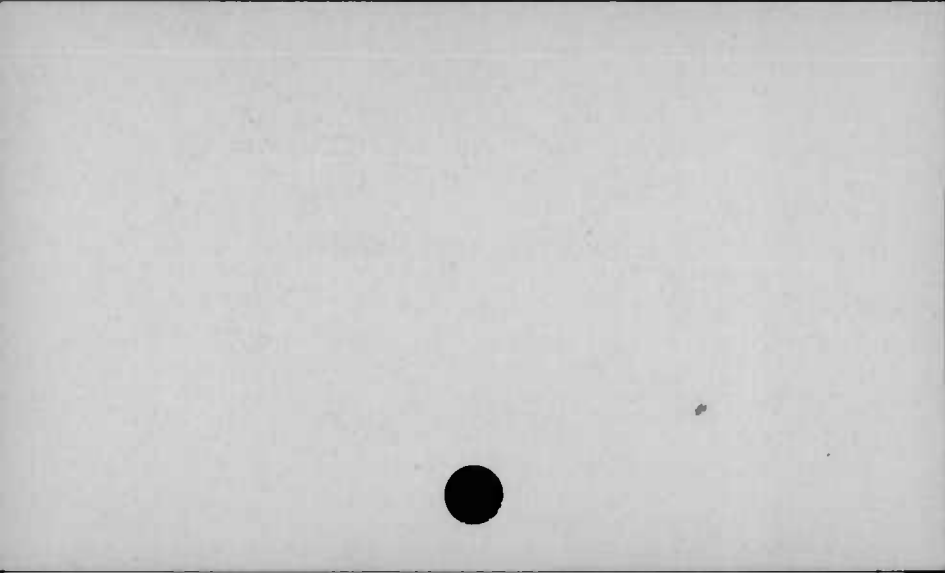
Dr. S. S. Davis

Address

Boonsboro

Md.

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Charles Klick

CERTIFICATE OF DEATH

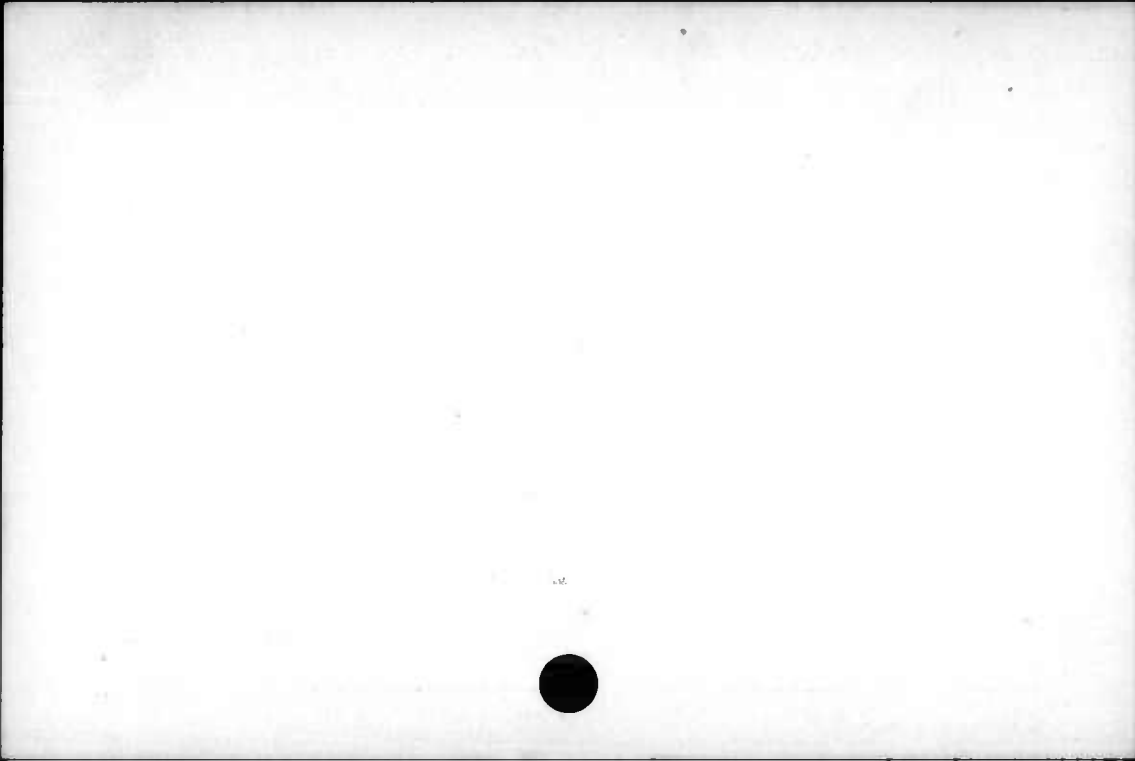
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Smoketown		County Washington		MARYLAND	
Date of death 1903	Month Sept	Day 18	Age 22	Years	Months	Days	
Sex	Male		Color or Race	White		Birth- place	Smoketown
Married, Single or Widowed	Single			Occupation	Laborer		
Name of Wife or Husband							
Father's Name				Jacob Klick			
Mother's Maiden Name				Mary Doyle			
Name of person giving information				John Reese			
Father's Birthplace				Maryland			
Mother's Birthplace				"			
How related to deceased				None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid		How long	Five weeks
Immediate	Pneumonia		How long	Three days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	E. J. Smith
			Address	Barnsboro
Accident or Suicide?				Ind.



Name
in
Full

Still Born

CERTIFICATE OF DEATH

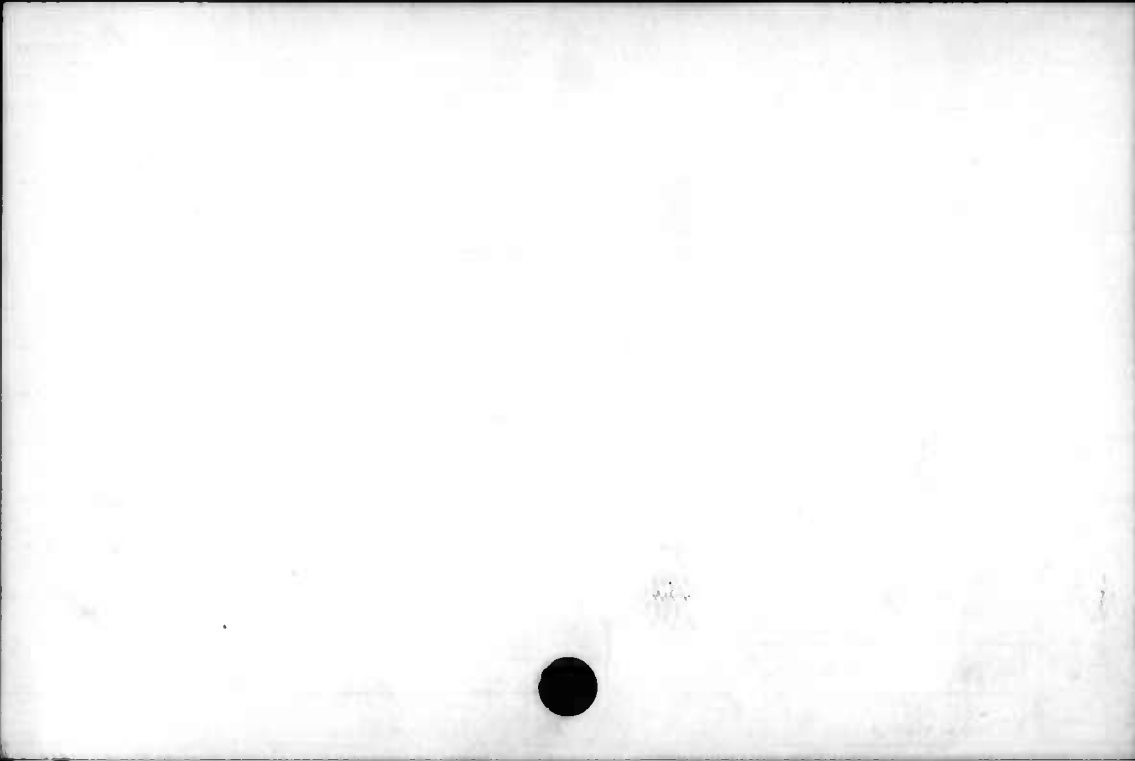
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stedfast</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death 19 <i>23</i>	Month <i>Sept</i>	Day <i>14</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>male</i>	Color or Race <i>Black</i>	Birth-place <i>md</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single <i>—</i> or Widowed			Name of Wife or Husband <i>—</i>		
Father's Name <i>Walter William Drrell</i>			Father's Birthplace <i>Ne</i>		
Mother's Maiden Name <i>Ada Dowson</i>			Mother's Birthplace <i>Ne</i>		
Name of person giving Information <i>Ada Dowson</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician	
		Address <i>Dr. Kelly Johnson</i> <i>228 Summit Ave</i> <i>Hagerstown Md</i>	
Accident or Suicide?			



Name
in
Full

Minnie Barbara Emmert

CERTIFICATE OF DEATH

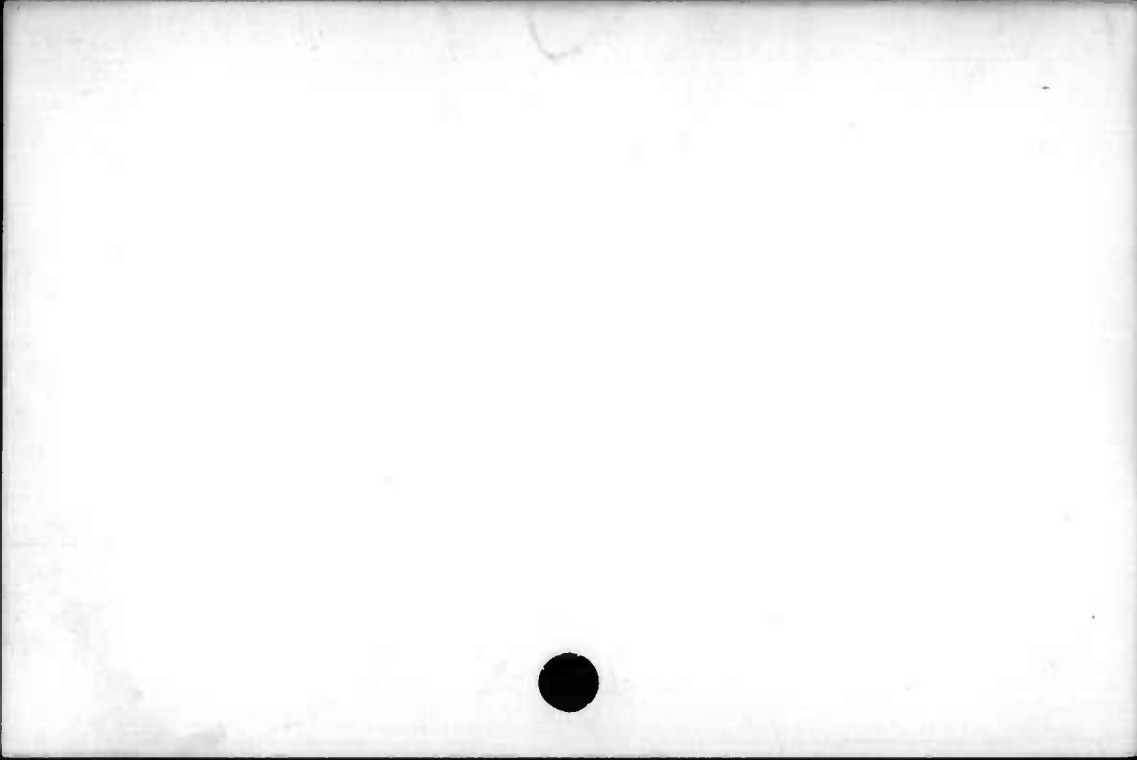
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Garrison</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>9</i>	Day <i>10</i>	Age <i>22</i>	Months <i>1</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Isaac Emmert</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Mary E Young</i>		Mother's Birthplace <i>Md</i>			
Name of person giving Information <i>Jos M Emmert</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>Since July 1902</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A.P. Stanger</i>	
		Address <i>Hagerstown Md</i>	
Accident or Suicide?			



Name in Full Charles E. Fridniger		CERTIFICATE OF DEATH	
Died at Hagerstown Town		Washington County	
Date of death 1901 Month 9 Day 10		Age 6 Years Months 10 Days 9	
Sex Male		Color or Race White	
Occupation _____		Birth-place MD	
Where Residing if not at place of death _____			
Married, Single or Widowed _____		Name of Wife or Husband _____	
Father's Name Charles E. Fridniger		Father's Birthplace MD	
Mother's Maiden Name Delia J. Gandy		Mother's Birthplace MD	
Name of person giving Information Father		How related to deceased Father	
CAUSES OF DEATH			
Primary Laryngeal Diphtheria		How long 2 days	
Immediate Exhaustion		How long _____	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Victor Guiller Jr.	
Address Hagerstown MD			
Accident or Suicide? _____			



Name
in
Full

Esta Grant

CERTIFICATE OF DEATH

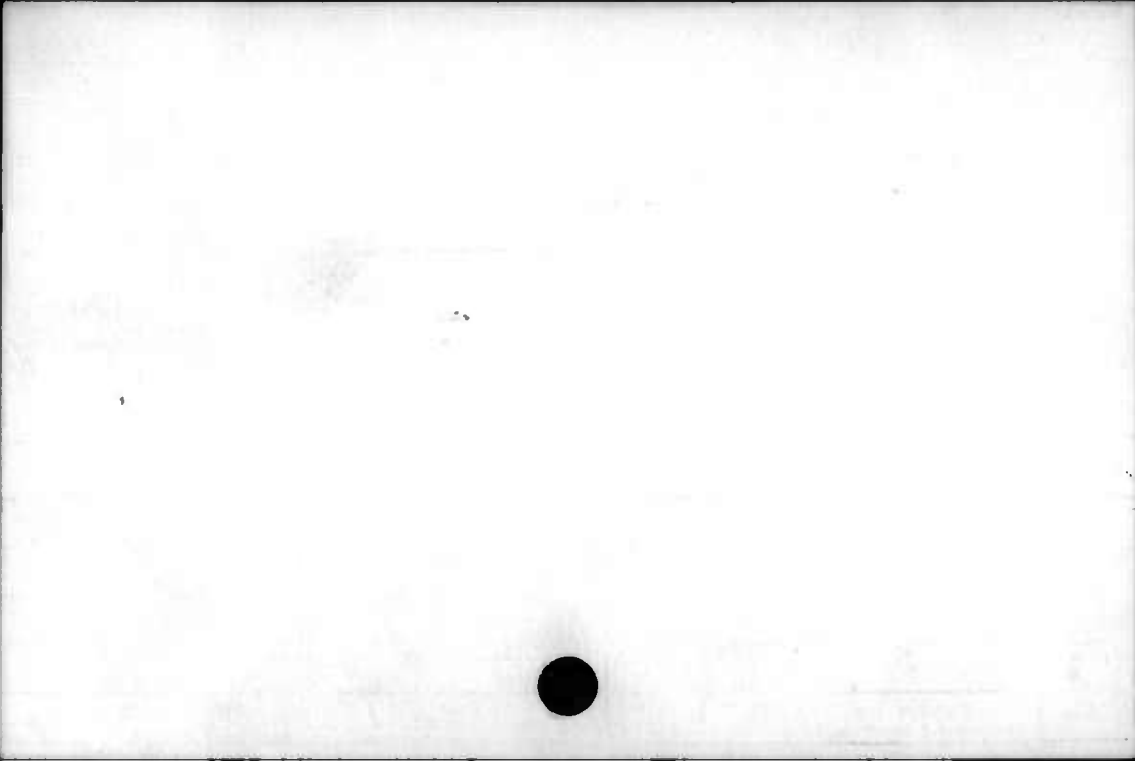
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	1903	Month	Sept	Day	7
Age	Years		5		Days
Sex	Female		Color or Race	Colored	
Occupation	Child		Birth place	Hagerstown	
Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	William Grant		Father's Birthplace	Md	
Mother's Maiden Name	Rosa Brown		Mother's Birthplace	Md	
Name of person giving Information	William Grant		How related to deceased	Father	

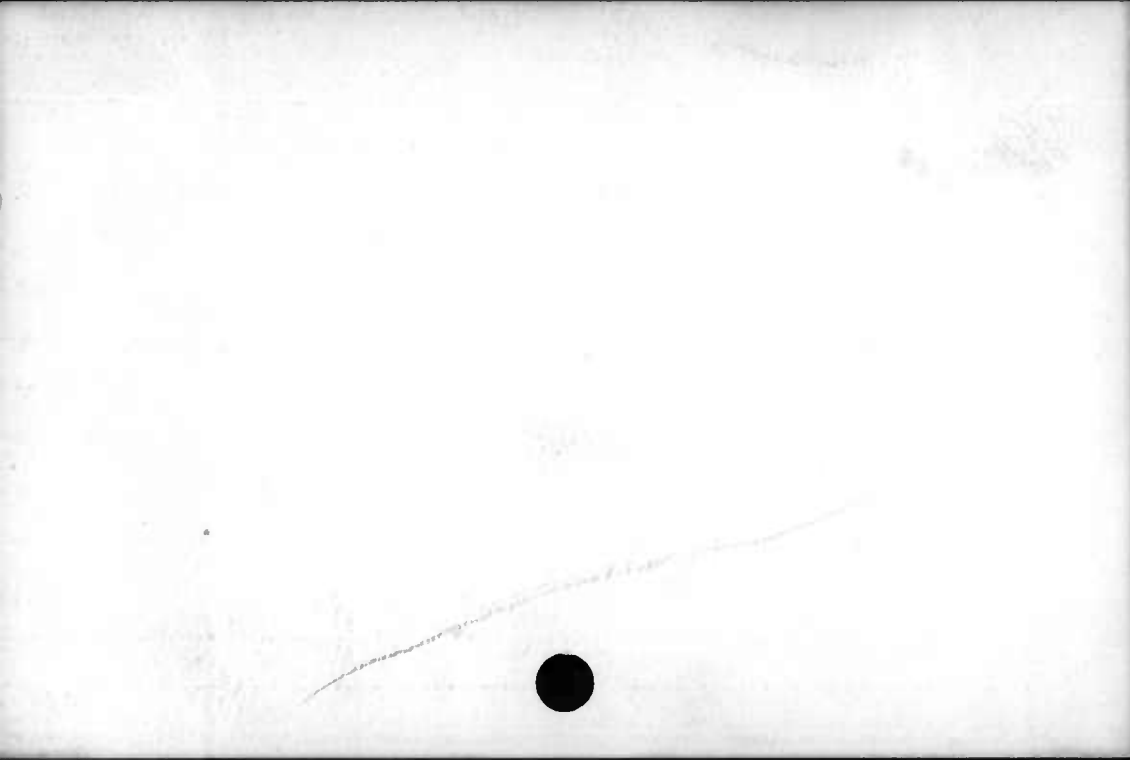
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Meningitis Cerebral</i>		How long	<i>Three days</i>	
Immediate	<i>Failure of Respiration</i>		How long	<i>—</i>	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>			
Signature of Physician		<i>J. M. Maganau</i>			
Address		<i>47 N. Franklin St., Hagerstown, Md.</i>			
Accident or Suicide?					



Name in Full		Ruth O. Grant				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Hagerstown		Washington				
		Date of death 1903	Month	Day	Age	Years	Months	Days
		9	12	1	5			
		Sex	Female	Color or Race	Black	Birth-place	Md	
TO BE ANSWERED BY NEAREST FRIEND		Married, Single or Widowed		Occupation				
		Name of Wife or Husband						
		Father's Name		James Grant		Father's Birthplace		Md
		Mother's Maiden Name		Lora Jackson		Mother's Birthplace		W. Va
PHYSICIAN OR CORONER		Name of person giving information				How related to deceased		Father
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Convulsions		How long		one hour.
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		W. R. Schuler
				Address		Hagerstown Md		
		Accident or Suicide?						



Name In Full

Certificate of Death

Florence Matatlene Lafferty

Town

County

Died at Mt. Pleasant, Ind.

MARYLAND

Date 19 3 Sept 13 Y. M. D. 7 Ind Ind
 Male White Married Widow Divorced Ind
 Female Colored Single Widower Number of children living Ind

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Primary

Death Immediate

How long sick

2 days.

Accident, Suicide, Homicide

Reported by C. C. Baker

Address Robinsonville

Mayfair

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Annice Ethel Grove

Died at ^{Town} Indian Springs ^{County} Washington

MARYLAND

Date 1903 ^{Month} Sept ^{Day} 16th ^{Y.} - ^{M.} - ^{D.} 2 ^{Native of} Ind ^{Occupation}

~~Male~~ ^{White} ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of _____

Wife

Father's Name John D. Grove Mother's Maiden Name Annice E. Penner

Cause of Death { Primary Unknown How long sick 5
 Immediate Unknown Accident, Suicide, Homicide

Reported by J. D. Perry M.D.

Address Bearspring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

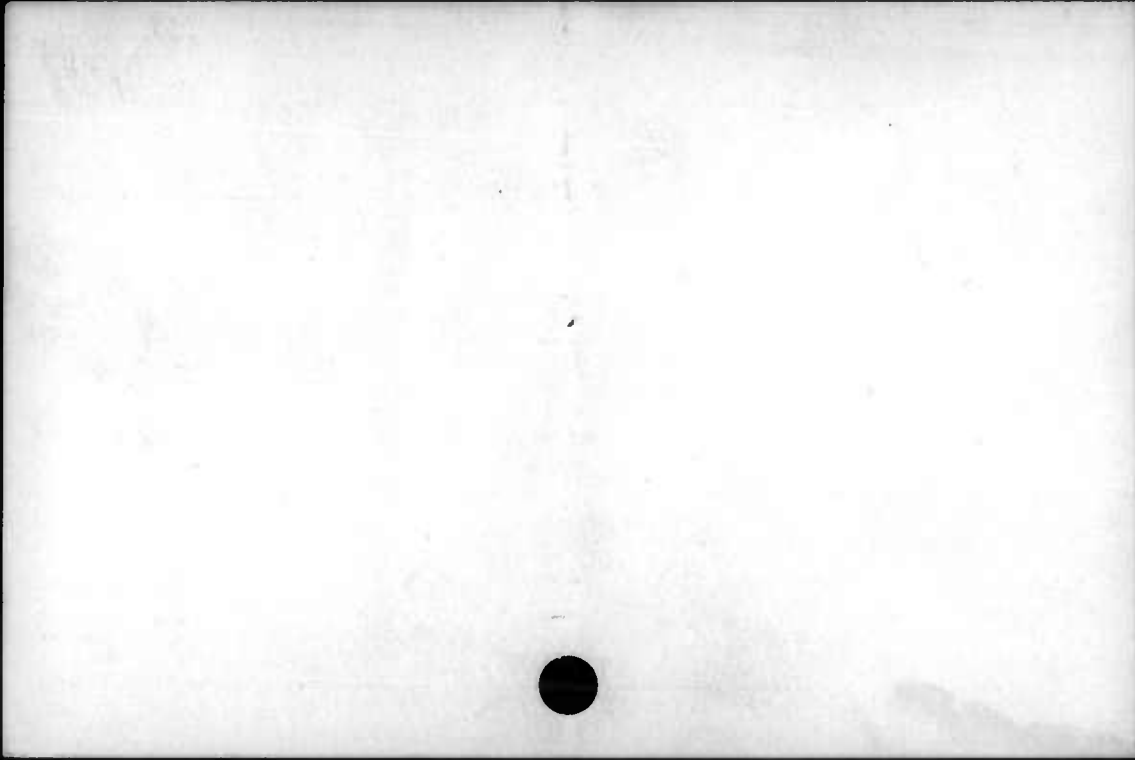
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Keokuk</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 1903 <i>9</i> ^{Month}		<i>29</i> ^{Day}		<i>88</i> ^{Years}	
Sex <i>Female</i>		Color or Race <i>White Anglo-Saxon</i>		Birth-place <i>"Maryland" Yarrowood</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband _____					
Father's Name <i>Isaac Himes</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Anna Fisher</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>P. Albert Himes</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile debility</i>	How long	<i>34 yrs</i>
Immediate	<i>Rose Cancer</i>	How long	<i>2 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. T. Yountee</i>	
		Address <i>Brownsville</i>	
Accident or Suicide? <i>2</i>		<i>Maryland</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Rebecca Groves				CERTIFICATE OF DEATH	
Died at		Sharpsburg		Washington		MARYLAND	
Date of death 190		3	Sept.	8	Age 65	11	21
Sex		Female		Color or Race		White	
Married, <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Occupation		None - Known			
Name of Wife or Husband		Newton Groves					
Father's Name		Want. Known				Father's Birthplace	
Mother's Maiden Name		"				Mother's Birthplace	
Name of person giving information		Newton Groves				How related to deceased	
						Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Coronary Heart Disease		How long		Years	
Immediate		Fright - Shock		How long		Few minutes	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		E. M. Garrett	
				Address		Sharpsburg, Md.	
Accident or Suicide?							



Name
in
Full

Hose


CERTIFICATE OF DEATH

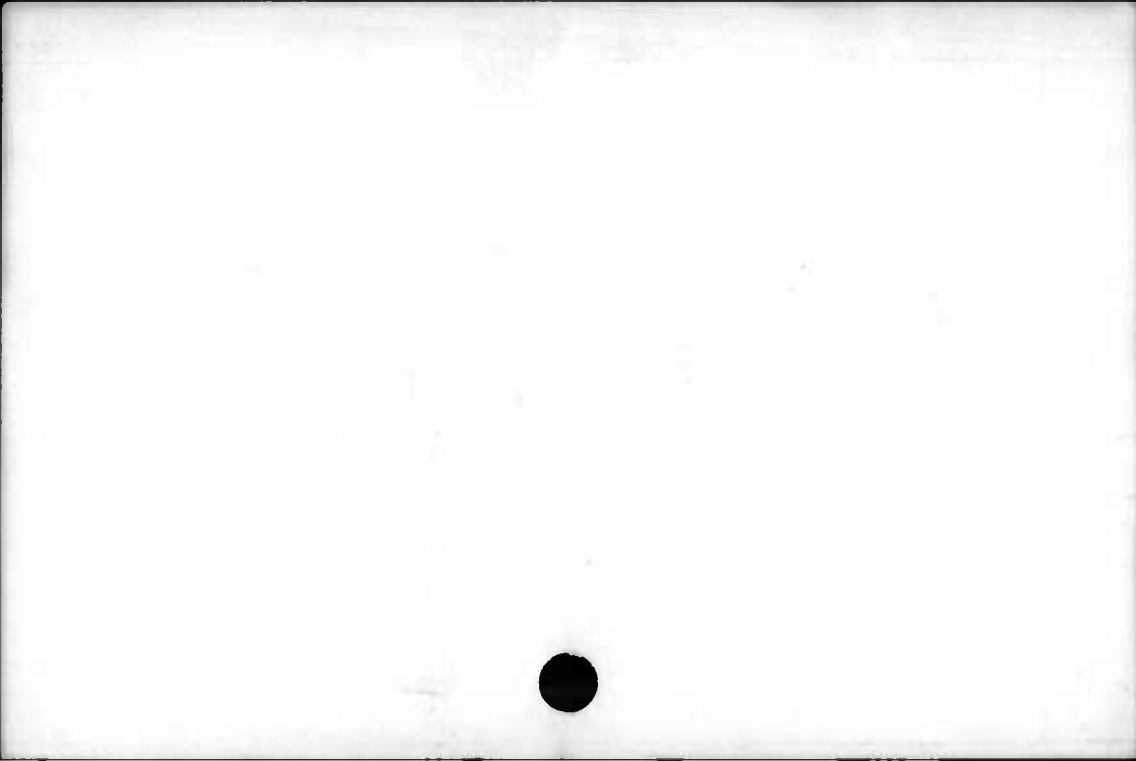
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	<i>1903</i>	Month <i>9</i>	Day <i>8</i>	Age <i>Still Born</i>	<i>Still Born</i> <small>Months</small> <i>Still Born</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Hagerstown</i>		
Occupation <i>Still Born</i>	Where Residing if not at place of death <i>Still Born</i>				
Married, Single or Widowed <i>Child</i>	Name of Wife or Husband <i>Child</i>				
Father's Name <i>John A. Hose</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Geneva M. Keedy</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving Information <i>John A. Hose</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	How long <i>Still Born</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. E. Pitman</i>
	Address 
Accident or Suicide?	



Name
in
Full

Larina de Hutzel

CERTIFICATE OF DEATH

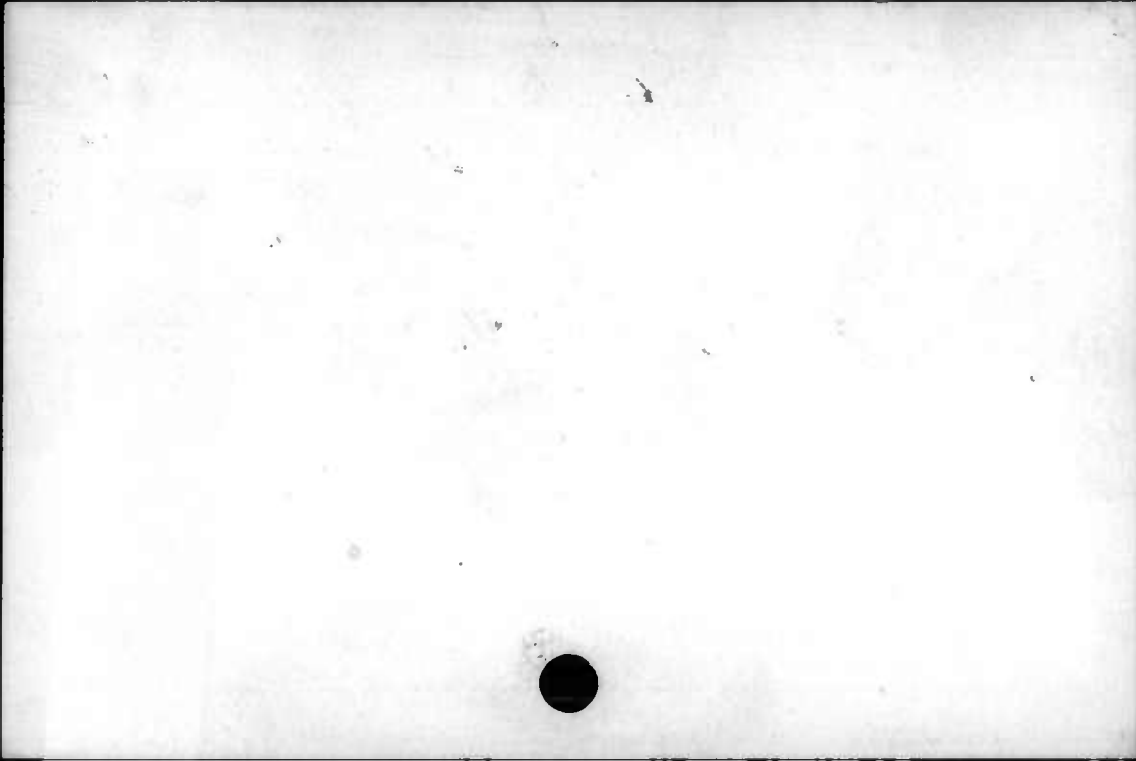
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Barnobord		County Washington		MARYLAND	
Date of death 1903	Month Sept.	Day 10th	Age 30	Years	Months 11	Days 7	
Sex Female	Color or Race White		Birth- place Barnobord				
Married, Single or Widowed Married			Occupation Housewife				
Name of Wife or Husband Vernon Hutzel							
Father's Name William G. Hutzel			Father's Birthplace Barnobord				
Mother's Maiden Name Georgianne Eastman			Mother's Birthplace Barnobord				
Name of person giving information Father			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	2 years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. J. Smith	
Address		Barnobord	
Accident or Suicide?		No	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lydia A Joudan</i>		Town <i>Washington</i>		County <i>MARYLAND</i>	
Date of death 190	Month <i>9</i>	Day <i>19</i>	Age <i>30</i>	Years <i>6</i>	Months <i>6</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Smith's Town</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>House keeping</i>				
Name of Wife Husband <i>Harry G Joudan</i>	Father's Name <i>M. Presner</i>		Father's Birthplace <i>Smith's Town</i>		
Mother's Maiden Name <i>Lydia G. Presner</i>	Mother's Birthplace <i>Smith's Town</i>		How related to deceased <i>Husband</i>		
Name of person giving information <i>Harry G Joudan</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Puerperal Peritonitis</i>	How long <i>10 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. M. Reichard</i>
	Address <i>Fairplay.</i>
Accident or Suicide?	



Name in Full		Thradore Francis Karts				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Eakles Mills</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND		
	Date of death 190 <u>3</u>	<u>9</u> <small>Month</small>	<u>3</u> <small>Day</small>	Age <u>4</u> <small>Years</small>	<u>4</u> <small>Months</small>	<u>13</u> <small>Days</small>	
	Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Eakles Mills</u>			
	Married, Single or Widowed <u>Single</u>			Occupation <u>None</u>			
	Name of Wife or Husband <u>[Blank]</u>						
	Father's Name <u>Josephus Karts</u>			Father's Birthplace <u>Eakles Mills</u>			
	Mother's Maiden Name <u>Minnie Johnson</u>			Mother's Birthplace <u>Hagerstown</u>			
Name of person giving information <u>Josephus Karts</u>				How related to deceased <u>Father</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Tuberculosis</u>			How long <u>4 yrs.</u>			
	Immediate <u>Exhaustion</u>			How long <u> </u>			
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>			Signature of Physician <u>H. W. Nibiser</u>			
	<u>[Blank]</u>			Address <u>Kempville Md</u>			



Name
in
Full

Elizabeth Kohler

CERTIFICATE OF DEATH

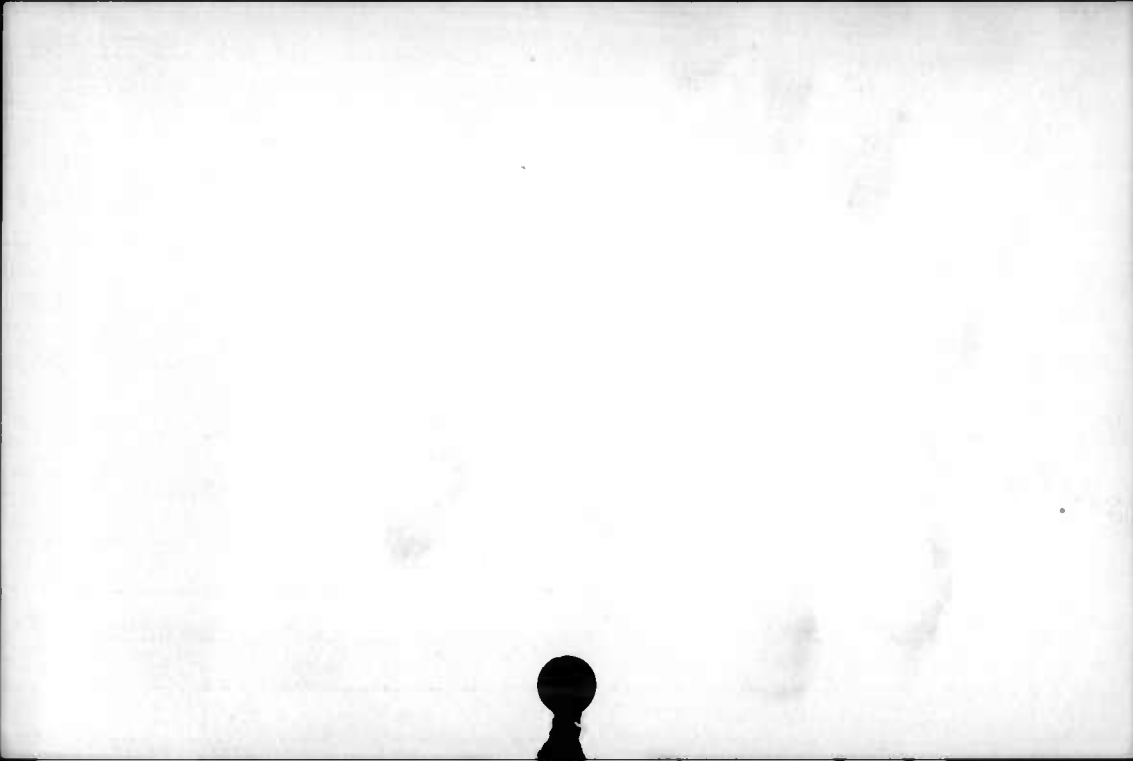
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Jugtown</u> Town		<u>Wash.</u> County		MARYLAND	
Date of death 1903	Month <u>Sept</u>	Day <u>24</u>	Age <u>85</u> Years	Months <u>X</u>	Days <u>A</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Fairfield Pa.</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>House</u>			
Name of Wife or Husband <u>Abraham M Kohler</u>					
Father's Name <u>Wilkins</u>		Father's Birthplace <u>Fairfield Pa.</u>			
Mother's Maiden Name <u>Mrs F. Levenson</u>		Mother's Birthplace <u>not known</u>			
Name of person giving information <u>A. M. Kohler</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Old Age</u>	How long <u>6 Months</u>
Immediate <u>Paralysis - Heart Failure</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. L. Jarboe</u>
	Address <u>Smithsburg Md</u>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Hancock</i> Town		<i>Washington</i> County		MARYLAND
	Date of death 190	<i>3</i> Month <i>Sept</i>	<i>30</i> Day	<i>66</i> Years	<i>2</i> Months <i>21</i> Days
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Elktonville Pa.</i>		
	Married, Single or Widowed <i>Widowed</i>	Occupation <i>House wife</i>			
	Name of Wife or Husband <i>Henry C. Lashley</i>				
	Father's Name <i>Walter Dickson</i>		Father's Birthplace <i>Berford Co Pa.</i>		
	Mother's Maiden Name <i>Isabel Robinet</i>		Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Susan Lashley</i>		How related to deceased <i>Daughter</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Paralysis, Hemiplegia</i>		How long	<i>9 days</i>
	Immediate	<i>Arterial</i>		How long	<i>9 days</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. A. West.</i>		
			Address <i>Hancock Md.</i>		
	Accident or Suicide? <i>No</i>				



Name
in
Full

Infant No. name No 153

CERTIFICATE OF DEATH

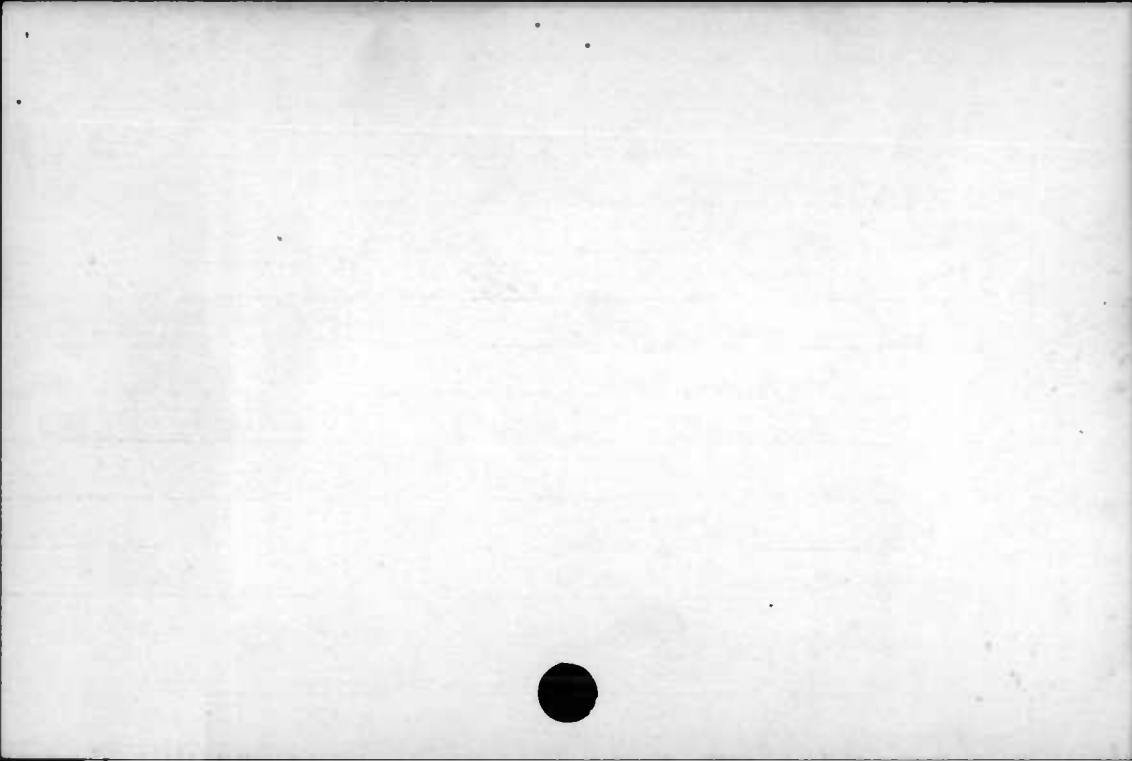
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wmport</i> <small>Town</small>		<i>Wash</i> <small>County</small>		MARYLAND	
Date of death 190	<i>3</i> <small>Month</small>	<i>12</i> <small>Day</small>	Age <i>two months</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Wmport</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Samuel Sefurn</i>			Father's Birthplace <i>Wmport</i>		
Mother's Maiden Name <i>Anna</i>			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malnutrition</i>	How long <i>three weeks</i>
Immediate <i>Obstractive</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Edw. Richard</i>
	Address <i>Williamport</i>
Accident or Suicide?	



Name
in
Full

Martin Line

CERTIFICATE OF DEATH

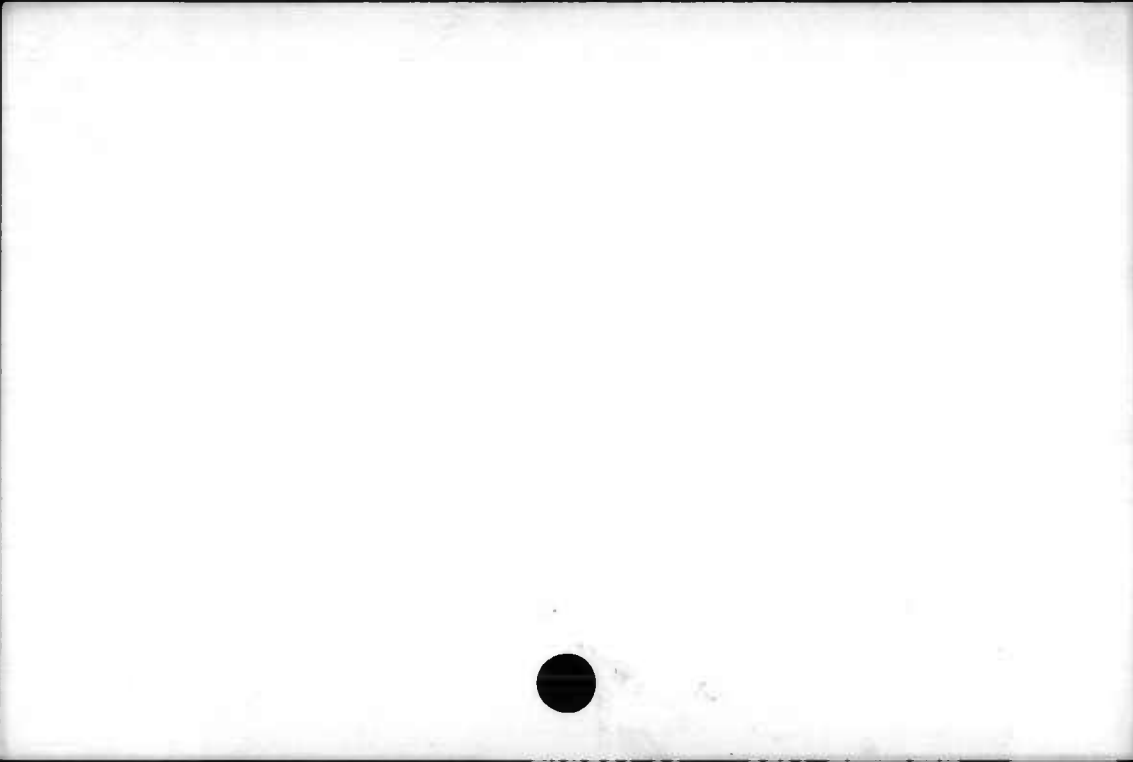
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Keadysville		Washington		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 1903	3	9	25	84	8	24	
Sex	Male		Color or Race	White		Birth-place	Maryland
Married, Single Widowed	Widowed		Occupation		Farmer		
Name of Wife or Husband		Sophia Line					
Father's Name		George Line				Father's Birthplace	
						Maryland	
Mother's Maiden Name		Unknown				Mother's Birthplace	
						Unknown	
Name of person giving Information		Fannie Line				How related to deceased	
						Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic nephritis	How long	Two Years
Immediate	Exhaustion	How long	one week
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. M. Nihiser	
Address		Keadysville	
		Md	
Accident or Suicide?			



Name
in
Full

Wm. Frances M.E. Esraw

CERTIFICATE OF DEATH

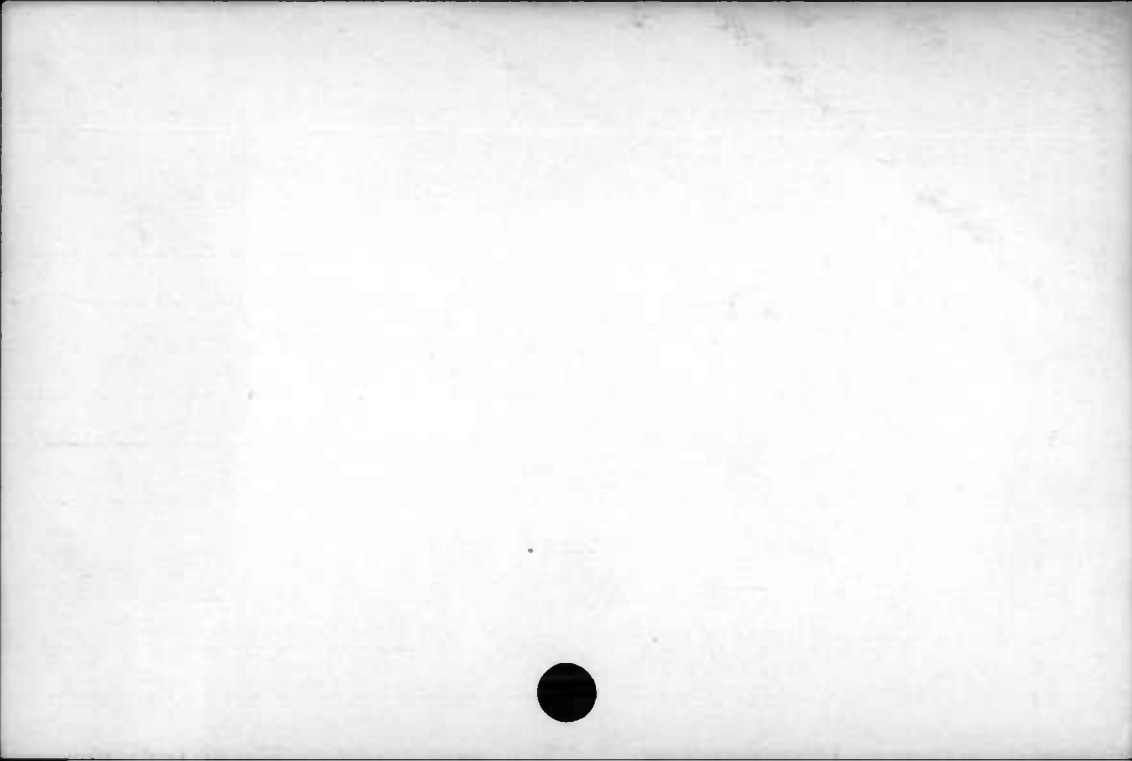
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>New Brunswick</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death 1903	Month <i>Sept.</i>	Day <i>7th</i>	Age	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Married <i>Yes</i>			Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Aaron K. M.E. Esraw</i>							
Father's Name <i>Freeland Leiter</i>			Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Martha Barnhart</i>			Mother's Birthplace <i>"</i>				
Name of person giving information <i>A. K. M.E. Esraw</i>			How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Broken neck - probably</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. An. Gammitt.</i>
	Address <i>New Brunswick, Ind.</i>
<i>Accident.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 190

Sex

Married, Single
or WidowedName of Wife or
HusbandFather's
NameMother's
Maiden NameName of person giving
In formation

Town

County

MARYLAND

Month

Day

Age

Years

Months

Days

Color or
RaceBirth-
place

Occupation

Fether's
BirthplaceMother's
BirthplaceHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

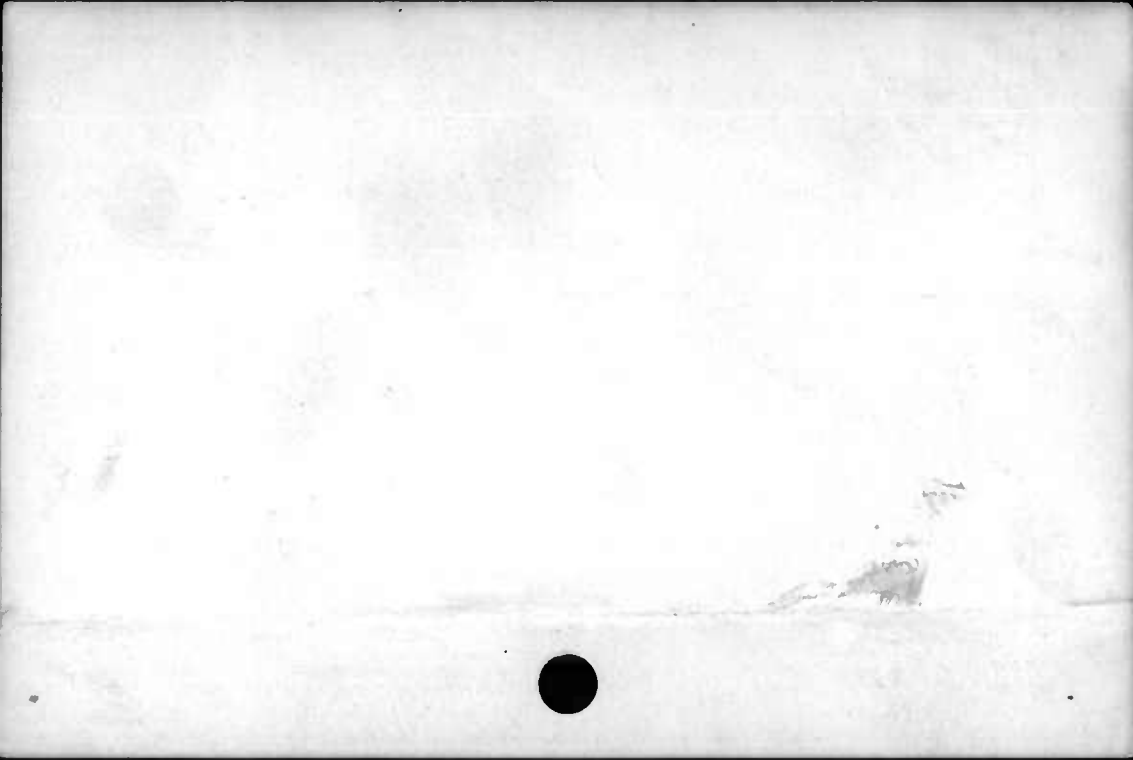
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide?



Name In Full

Certificate of Death

Lula Miller

150

Died at Williamport Town Washington County MARYLAND

Date 19 03 Sept 13 Month 7 Day 2 Y. 7 M. 2 D. 2 Native of Ind Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced
 Female ~~Colored~~ Single ~~Widower~~ Number of children living —

Husband of J. W. Miller
 Wife —
 Father's Name J. W. Miller Mother's Name Lula B. Miller
 Maiden Name Lula B. Byers

Cause of Death { Primary Cerebro, spinal meningitis Immediate Prostration How long sick Three weeks
 Accident, Suicide, Homicide

Reported by W. S. Richardson
 Address Williamport Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Send to
Hytterville, Md.

J. W. Miller

Greenlee Co. Riverdale, Md.

Receiving Agency

Name
in
Full

Annie Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Sandhook</i>		Town <i>Washington</i>		County		STATE OF <i>MARYLAND</i>	
Date of death 190	3	Month	Sept	Day	15	Age	69
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months	
Married Single or Widowed		Occupation <i>Housewife</i>		Years		Days	
Name of Wife Husband <i>James Moore</i>				Father's Name <i>James Moore</i>		Father's Birthplace <i>Md</i>	
Mother's Maiden Name <i>Annie Myers</i>				Mother's Birthplace <i>'</i>		How related to deceased <i>Son</i>	
Name of person giving information <i>John Moore</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Rheumatism</i>	How long <i>3 yrs</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. H. L. Burt & Bro. L. D. B.</i>
<i>Bumnick</i>	Address <i>Md</i>
Accident or Suicide?	

No Drain Attendance

Irena Mowen

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

9-25

Age

51

Penn

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

4

Husband of

Emanuel D Mowen

Wife

Father's

Name

Mother's

Maiden Name

Robert Homer

Ivana Cones

Cause of

Primary

Consumption

How long sick

2 weeks

Death

Immediate

Hemorrhages

~~Accident, Suicide, Homicide~~

Reported by

Wm L Bliss Undertaker

Address

Petersburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Alexander Newcomer

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Sept: 3

Age

72-1

Wash Co

Retired

Male

White

~~Married~~~~Wid~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's
Name

Geo. Newcomer

Mother's
Maiden Name

Catherine Newcomer

Cause of

Primary

Congestion

Death

Immediate

Paralysis

How long sick

1/2 hour

~~Accident, Suicide, Homicide~~

Reported by

Dr. L. L. Davis

Address

Boonsboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Jerome Peck

CERTIFICATE OF DEATH

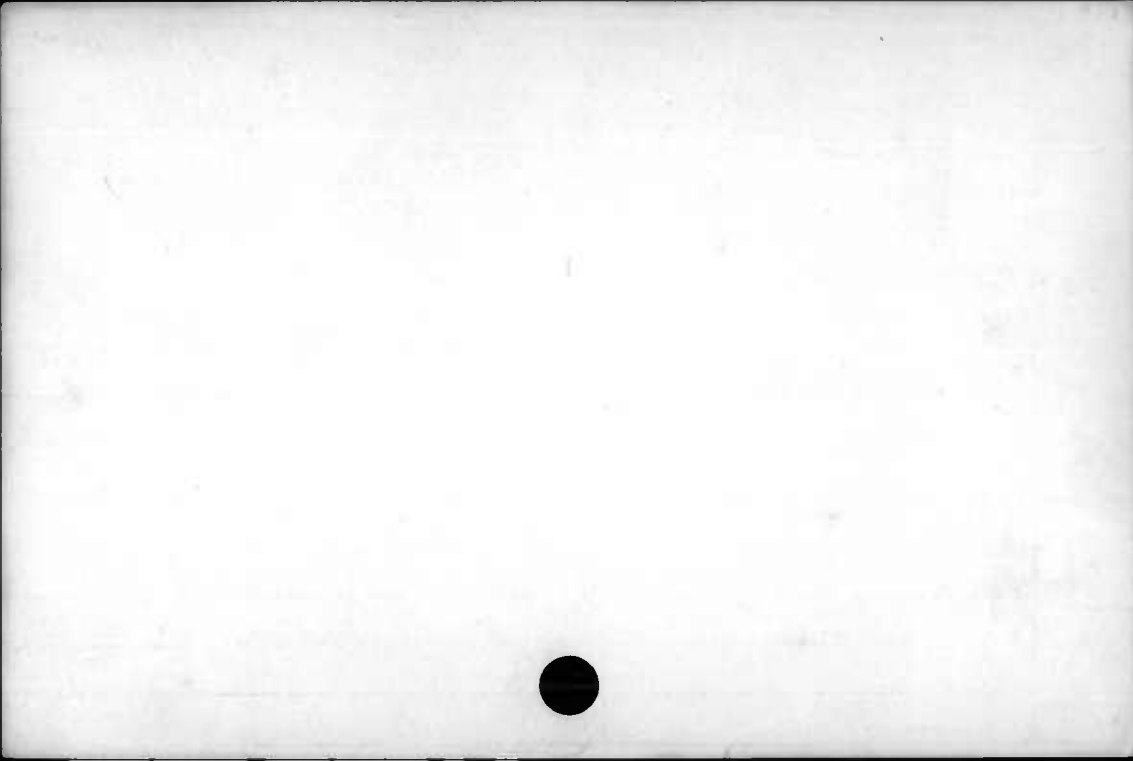
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Hancock</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>9</i>	Day <i>15</i>	Age <i>72</i>	Years	Months <i>9</i>	Days <i>4</i>	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth- place <i>Franklin co La</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband <i>Husband of Emily McCornie</i>							
Father's Name <i>Jacob Peck</i>		Father's Birthplace <i>La</i>					
Mother's Maiden Name <i>Polly Davis</i>		Mother's Birthplace <i>La</i>					
Name of person giving In formation <i>Jacob Peck</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis Heart</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>P. Elwood Starnes</i>
		Address <i>Hancock Md.</i>
Accident or Suicide?		



Name
in
Full

Susanna Poffenberger

152

CERTIFICATE OF DEATH

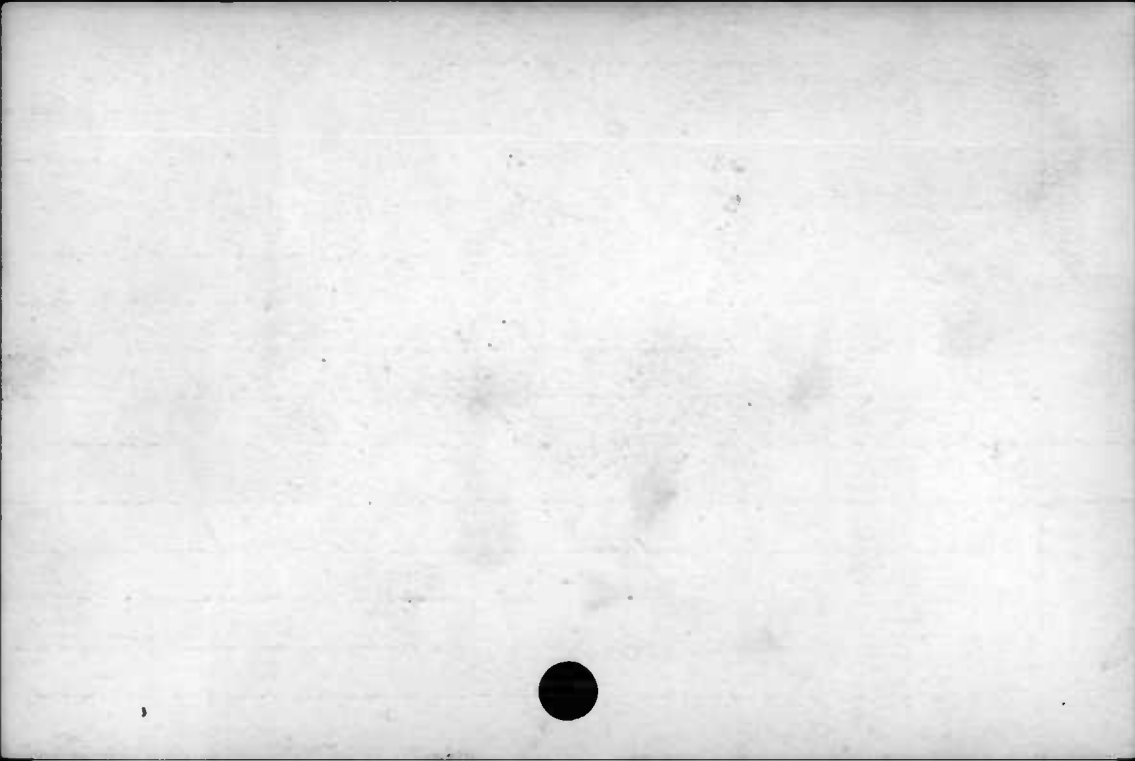
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Age	Years	Months	Days
of death 190		3	Sept.	29	74	5	14
Sex	Female		Color or Race	White		Birth-place	Fredrick Co Md
Married, Single or Widowed	Married			Occupation			
		House work					
Name of Wife or Husband	Simon Poffenberger						
Father's Name	Nicholas Houpt				Father's Birthplace	Middletown	
Mother's Maiden Name	Mary Catharine Detrow				Mother's Birthplace	Fredk Co	
Name of person giving Information	Simon Poffenberger				How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	Four days
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Theo. Boose		Address
		Wineport
Accident or Suicide?		



Name
in
Full

Sudie A. Reitzell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

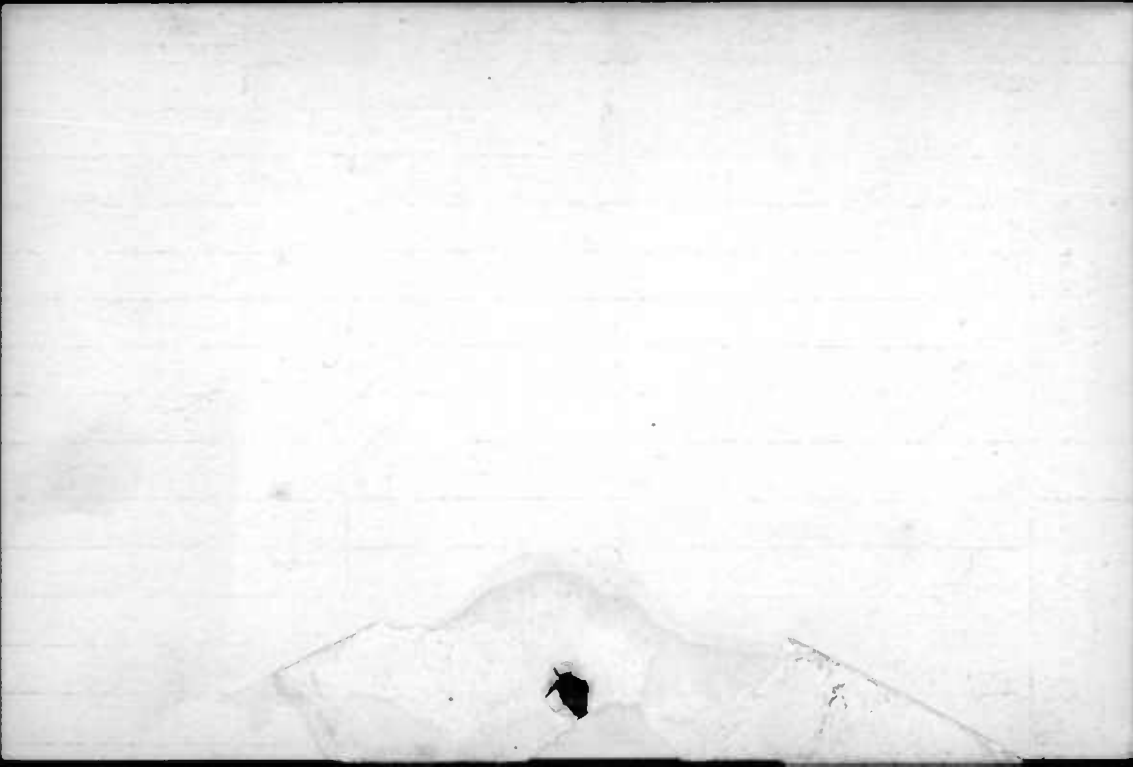
Died at <i>Clear Spring</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>9</i>	Day <i>3</i>	Age <i>56</i> Years	Months <i>8</i>	Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Married Single or Widowed			Occupation <i>Housewife</i>		
Name of Wife or Husband _____					
Father's Name <i>Jacob Reitzell</i>			Father's Birthplace <i>Pa.</i>		
Mother's Maiden Name <i>Elizabeth Middlebroff</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Wm R. Reitzell</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>	How long <i>Unknown</i>
Immediate <i>Peritonitis</i>	How long <i>Five days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Abram Shank</i>
	Address <i>Clear Spring</i>
	<i>Washington Co Ind</i>

~~Accident~~ *Side 2*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

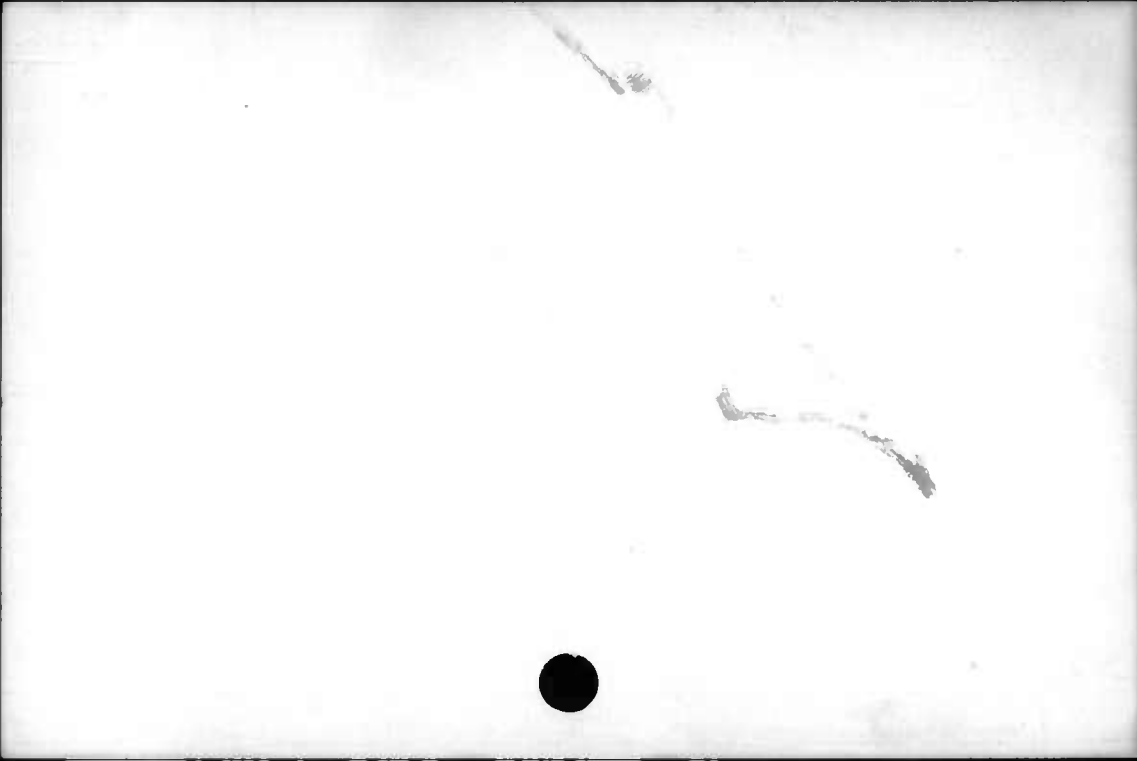
Name in Full <i>Christiana Samue</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>9</i>		Day <i>25</i>		Years <i>51</i>	
Date of death <i>1903</i>		Months <i>3</i>		Days <i>1</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death <i>At place of death</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Emmanuel Samue</i>					
Father's Name <i>Henry Cox</i>		Father's Birthplace <i>Boones Creek</i>					
Mother's Maiden Name <i>Catharine Hoover</i>		Mother's Birthplace <i>Boones Creek</i>					
Name of person giving Information <i>Emmanuel Samue</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer Uterine</i>	How long
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Ed. Warkentin</i>
		Address <i>1601 2nd St NW</i>
Accident or Suicide?		





Name
in
Full

Otho Calbert Shank

CERTIFICATE OF DEATH

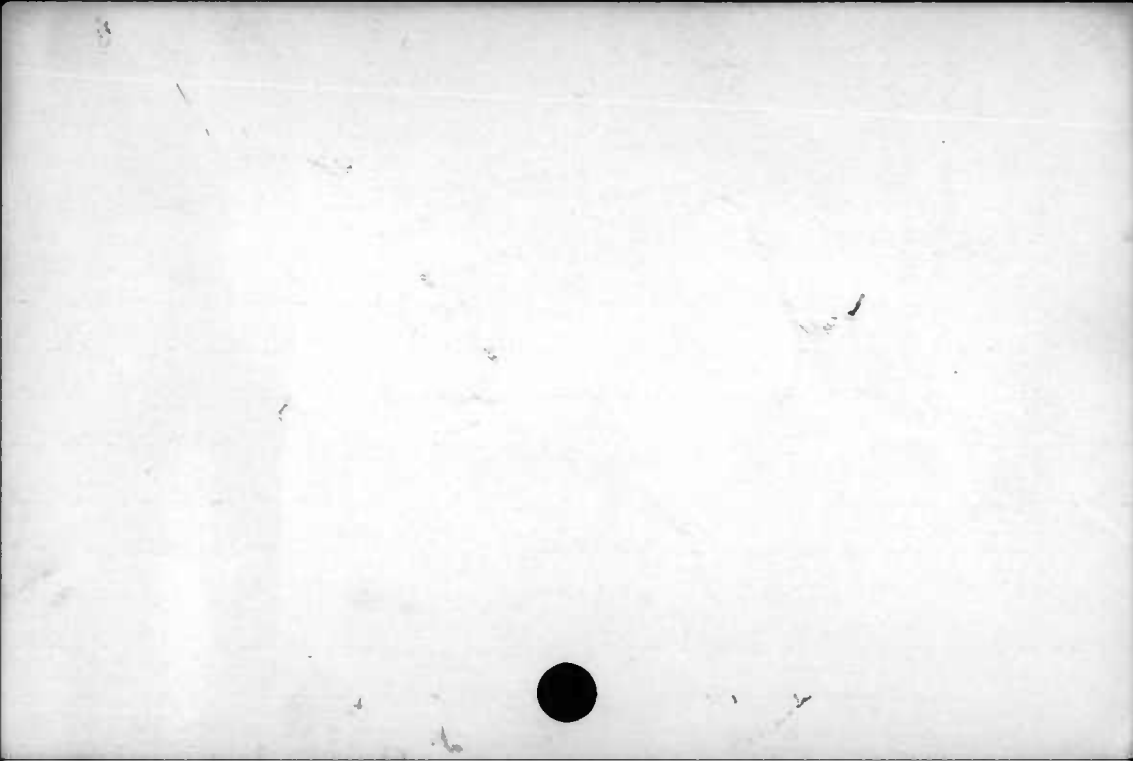
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Grimes</u> Town		<u>Washington</u> County		MARYLAND	
Date of death 190	<u>3</u> Month	<u>9</u> Day	<u>13</u> Age	<u>1</u> Year	<u>6</u> Months
Sex	<u>Male</u>	Color or hair	<u>White</u>	Birth-place	<u>Bolivar Md.</u>
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
<u>Otho J Shank</u>			<u>Md.</u>		
Mother's Maiden Name			Mother's Birthplace		
<u>Ella Cline</u>			<u>Md.</u>		
Name of person giving information			How related to deceased		
<u>Charles C Gaver</u>			<u>Cousin</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Enteric Colitis</u>	How long	<u>14 days</u>
Immediate	<u>Broncho Pneumonia</u>	How long	<u>14 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>H. M. Shivers</u>	
		Address	
		<u>Kearby Mills Md</u>	
Is there a cause?			



Name In Full

Certificate of Death

Name In Full *Garnett B. Slick*
 Died at *Leitersburg* *own* County *Washington* MARYLAND
 Date 19*03* *Sep.* Month *Day* Y. *62* M. *62* D. Native of *Md.* Occupation *Mechanic*
 Male *White* Married *Widow* Divorced
 Female *Colored* Single *Widower* Number of children living *4*
 Husband of
 Wife
 Father's Name *John Slick* Mother's Maiden Name *Elizabeth Sheets*
 Cause of Death { Primary *Paralysis* Immediate *Pulmonary consumption* How long sick *one year*
 Accident, Suicide, Homicide
 Reported by *G. H. Wishard, M.D.*
 Address *Leitersburg Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

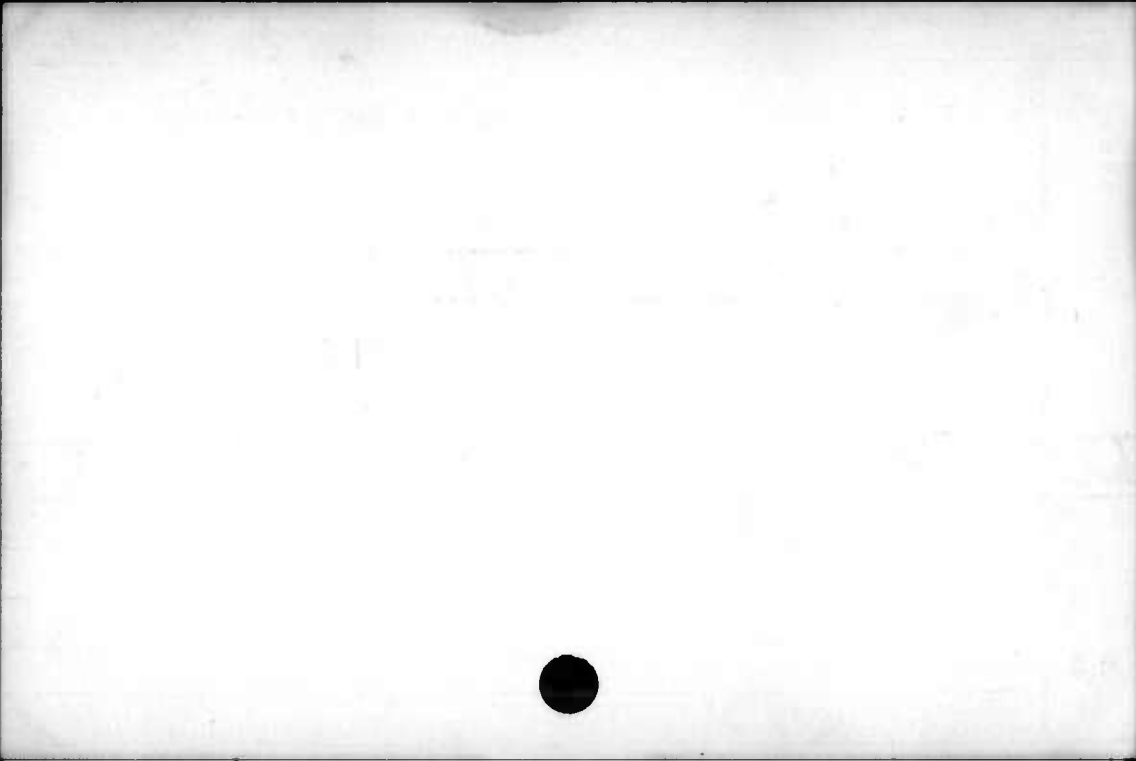
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Rebecca M. Smith</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>9</i>		Day <i>20</i>		Age <i>44</i>	
Date of death <i>1903</i>		Years <i>44</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Home</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Wm. J. Smith</i>					
Father's Name <i>Henry Shank</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Catharine Hartman</i>		Mother's Birthplace <i>MD</i>					
Name of person giving Information <i>Wm. Smith</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis & Endocarditis</i>		How long <i>Several years</i>	
Immediate <i>..</i>		How long <i>..</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. Preston Miller</i>	
		Address <i>Hagerstown Md</i>	
Accident or Suicide? <i>?</i>			



Name
in
Full

Harvey Eugene Stauf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Prubels* ^{Town} *Beard* ^{County} *Washington*

MARYLAND

Date of death 190 *3* ^{Month} *Sep* ^{Day} *2* ^{Years} *22* ^{Months} *—* ^{Days} *—*Sex *Male* Color or Race *White* Birth-place *Minnetauka*Married, Single or Widowed *Single* Occupation *Laborer*Name of Wife or Husband *—*Father's Name *Levis H. Stauf*Father's Birthplace *—*Mother's Maiden Name *Catharine Weddel*Mother's Birthplace *—*Name of person giving information *Coleman Shuff*How related to deceased *Bro in law*

CAUSES OF DEATH

Primary *Drowning*How long *immediate*Immediate *—*How long *"*

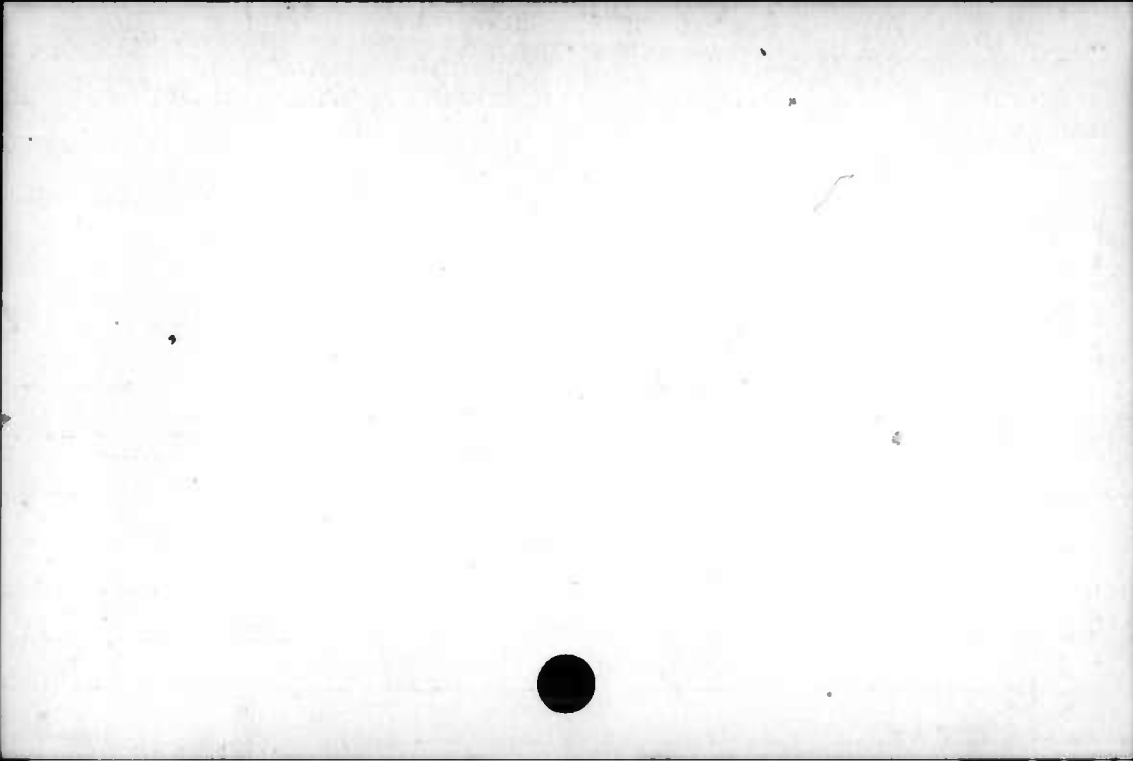
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address *J. F. Kreps*
Undertaker

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Mrs Fannie Stine

CERTIFICATE OF DEATH

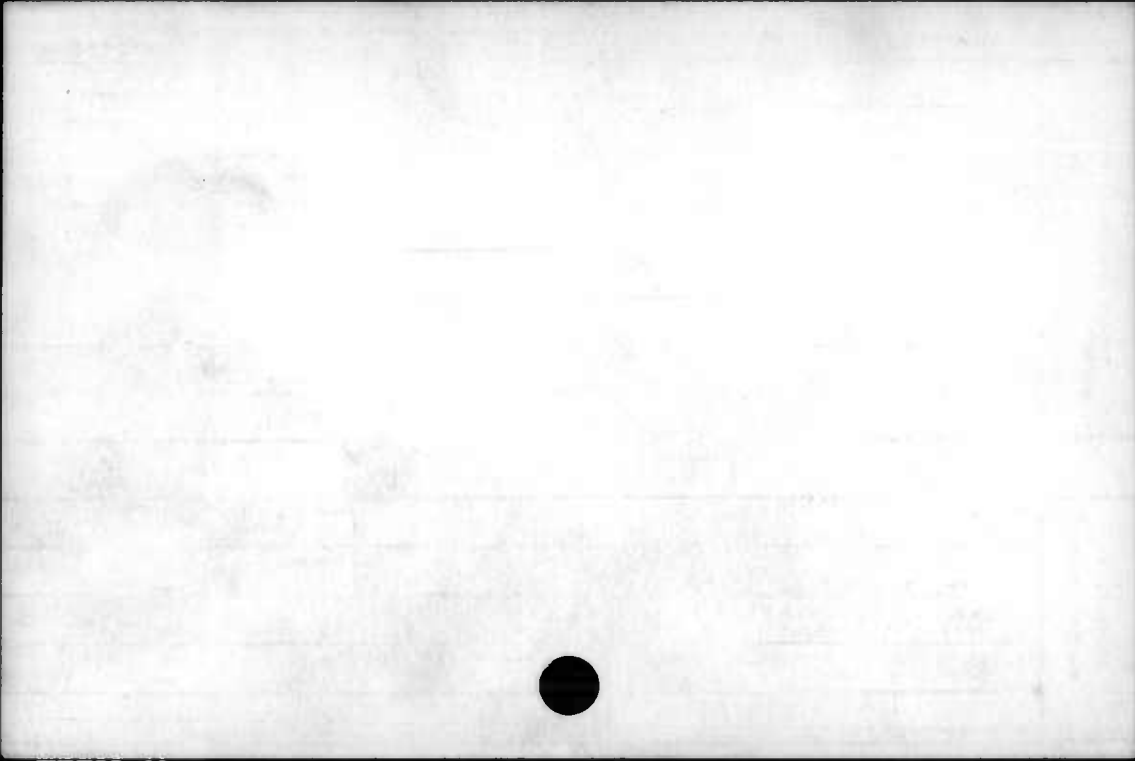
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Hagerstown		Washington		MARYLAND	
Date of death		1903	Sept	27	Age	44	18
Sex		Female		Color or Race		White	
Occupation		House work		Birth-place		Md	
Married, Single or Widowed		Married		Name of HUSBAND		John Stine	
Father's Name		Chas. Huffer		Father's Birthplace		Md	
Mother's Maiden Name		Mary Thomas		Mother's Birthplace		Md	
Name of person giving Information		John Stine		How related to deceased		Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Anthrax	How long	Three weeks
Immediate	Septicemia	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Y		J. M. P. Scott	
		Address	
		Hagerstown	
Accident or Suicide			



Name in Full		Certificate of Death					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Keadysville</i>		County <i>Washington</i>		MARYLAND	
		Date of death 190 <i>3</i>	Month <i>9</i>	Day <i>11</i>	Age <i>79</i>	Months <i>6</i>	Days <i>9</i>
		Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
		Married or Widowed		Occupation <i>House Wife</i>			
		Name of Wife or Husband <i>Eli Valentin</i>					
		Father's Name <i>Daniel Finck</i>		Father's Birthplace <i>Pa</i>			
		Mother's Maiden Name <i>Rose A Middlekamp</i>		Mother's Birthplace <i>Md</i>			
		Name of person giving information <i>Laura Valentin</i>		How related to deceased <i>Daughter</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Tuberculosis</i>		How long <i>20 years</i>			
		Immediate <i>Exhaustion</i>		How long <i>1 week</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. M. Hise</i>			
				Address <i>Keadysville Md</i>			



Name
in
Full

Susan E Wagner

CERTIFICATE OF DEATH

Died at ^{Town} Haystack ^{County} Washington

MARYLAND

Date of death 1903 ^{Month} Sept ^{Day} 4 ^{Years} Age 8-8 ^{Months} 9 ^{Days} -Sex Female ^{Color or Race} White ^{Birth-place} Boonsboro MdOccupation House work ^{Where Residing if not at place of death}Married, Single or Widowed widowed ^{Name of Wife or Husband}

Father's Name John East

Father's Birthplace Not known

Mother's Maiden Name Sarah Boone

Mother's Birthplace Not known

Name of person giving information Albert Wagner

How related to deceased Son

CAUSES OF DEATH

Primary Chronic Bright disease

How long 20 yrs

Immediate Meningeal convolution

How long five days

Are the name, age, sex, color, date and place correctly given above? yes

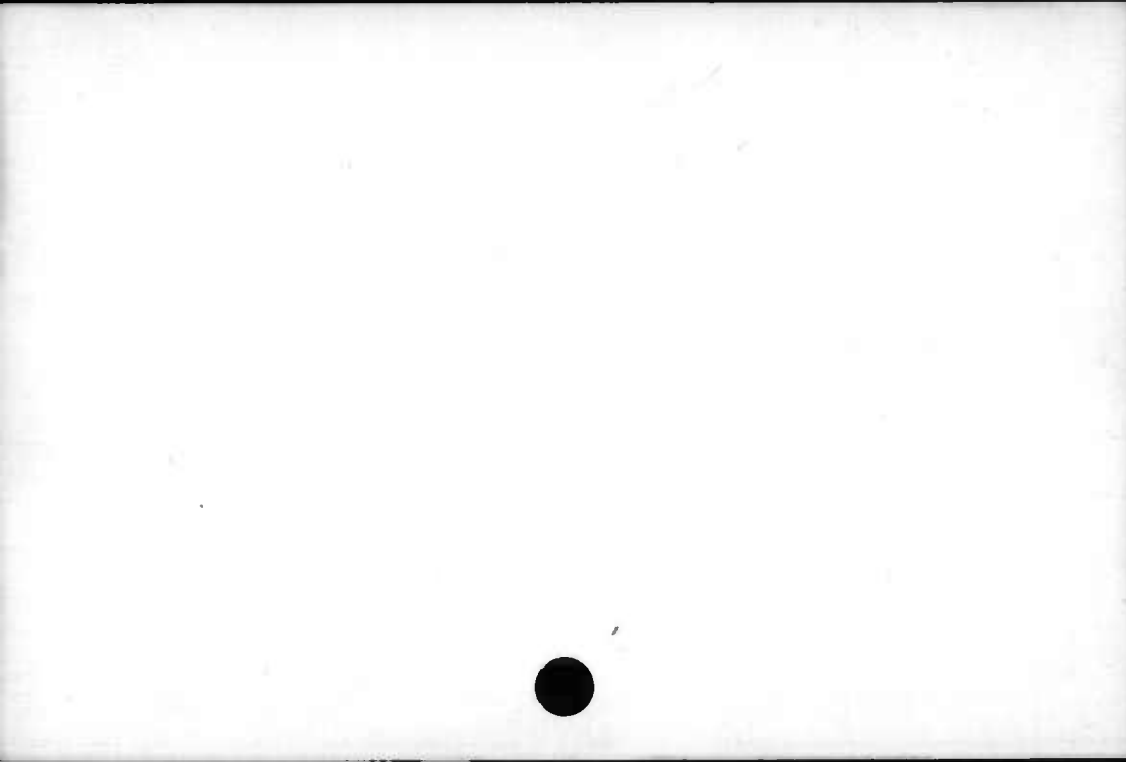
Signature of Physician

Address

J. E. Pittsogle
Haystack Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
FullHalfway
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William Washp</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Date of death 1903		Age 30		Months —	
Month <i>Sept</i>		Day <i>30</i>		Years <i>30</i>		Days —	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Na</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Georgia Green</i>					
Father's Name <i>Thomas Washp</i>		Father's Birthplace <i>Na</i>					
Mother's Maiden Name <i>Annie Filyer</i>		Mother's Birthplace <i>Na</i>					
Name of person giving Information <i>Thomas Washp</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Nephritis</i>	How long <i>One week</i>
Immediate <i>Anemic Coma</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. H. DeWitt</i>
<i>Wm. H. H. H.</i>	Address <i>Hagerstown Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

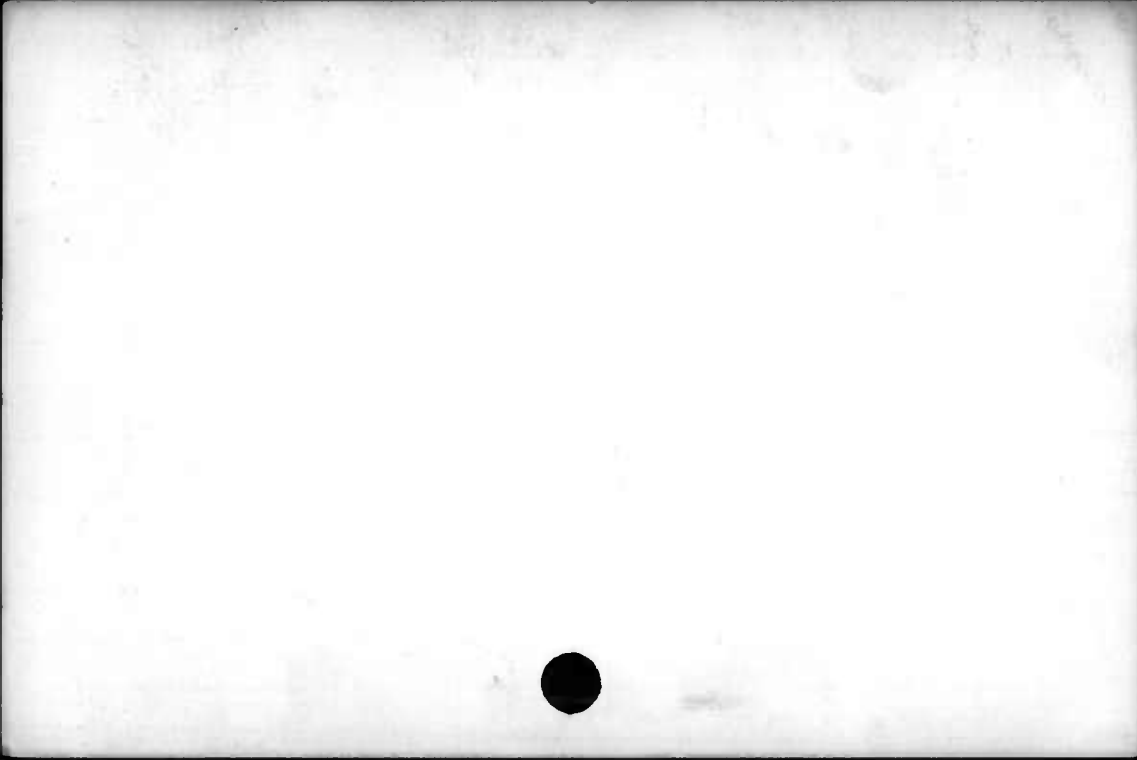
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Date of death	1903	Month <i>Sept</i>	Day <i>14</i>	Age <i>75</i>	Years <i>"</i>	Months <i>"</i>	Days <i>18</i>
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth- place	<i>Penn.</i>
Occupation	<i>Lawyer</i>			Where Residing if not at place of death <i>Hagerstown, Md.</i>			
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband <i>Sarah Moon Wiles</i>				
Father's Name	<i>George Wiles</i>				Father's Birthplace	<i>Penn.</i>	
Mother's Maiden Name	<i>Rachel</i>				Mother's Birthplace	<i>Penn.</i>	
Name of person giving Information	<i>Mrs. D. H. Wiles</i>				How related to deceased	<i>wife.</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senility</i>	How long	
Immediate	<i>Acute Indigestion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Sex	<i>Yes</i>
		Signature of Physician	<i>J. M. Moore M.D.</i>
		Address	<i>Hagerstown</i>
Accident or Suicide?		<i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

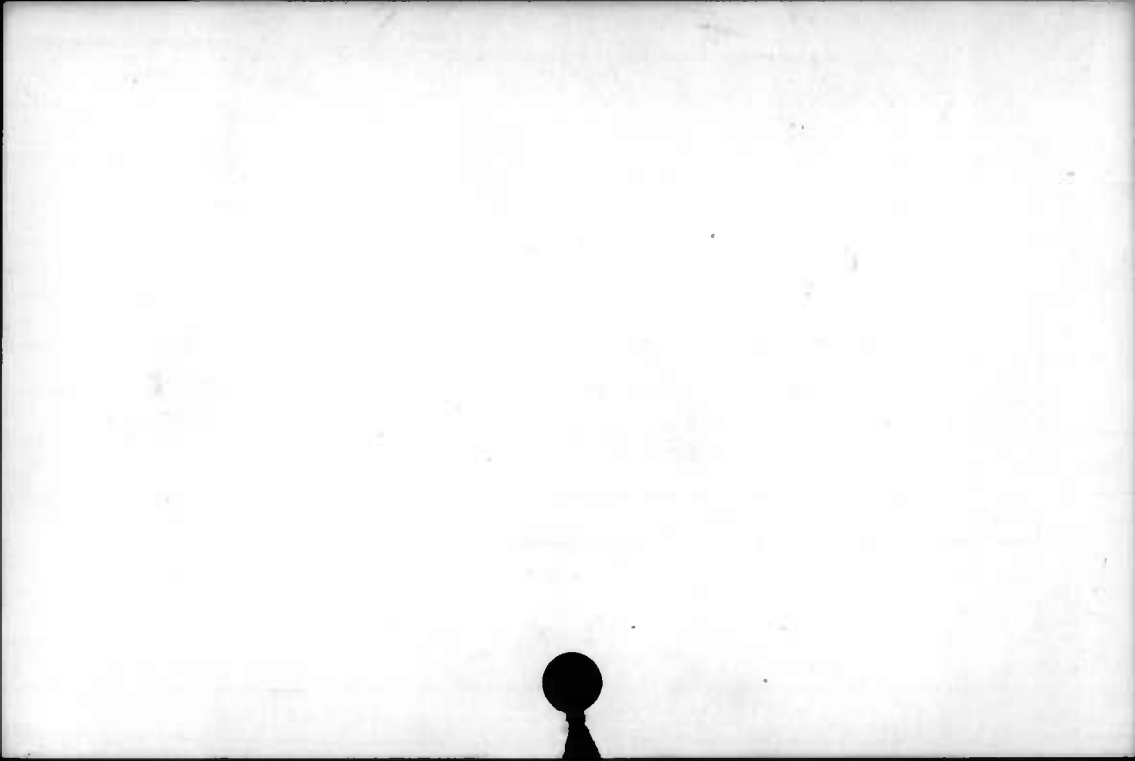
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	<i>1903</i>	Month	<i>Sept</i>	Day	<i>29</i>
Age	<i>1</i>	Years	<i>9</i>	Months	<i>—</i>
Sex	<i>male</i>	Color or Race	<i>colored</i>	Birth-place	<i>md.</i>
Occupation	<i>child</i>	Where Residing if not at place of death <i>Hagerstown Md.</i>			
Married, Single or Widowed	<i>single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>John Williams</i>			Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Nettie Bell</i>			Mother's Birthplace	<i>"</i>
Name of person giving Information	<i>John Williams</i>			How related to deceased	<i>father.</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Enteritis</i>	How long	
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>E. A. Williams</i>
		Address	<i>Hagerstown Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Wm Henry Young</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>9</i>		Day <i>17</i>		Years <i>49</i>	
Date of death <i>1903</i>		Month <i>9</i>		Day <i>17</i>		Years <i>49</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie Young</i>					
Father's Name <i>Jessie Young</i>		Father's Birthplace <i>don't know</i>					
Mother's Maiden Name <i>Maria Margal</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving Information <i>Thips</i>		How related to deceased <i>Thips</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>R.R. Accident</i>	How long <i>2</i>
Immediate <i>Exhaustion</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician <i>W. B. Pagan</i>	
Address <i>Hagerstown, Md.</i>	
Accident or Suicide?	

